



LOCAL BUSINESS TAX RECEIPT

Business Information

Name

Physical Location/Address City State Zip

Email Phone

Check here if business mailing address is same as physical location (if different fill out below)

Mailing Address City State Zip

Owner Information

Owner Name Phone #

Street Address City State Zip

Manager/Operator Name (if not owner) Phone#

Street Address City State Zip

Describe Business

Form with fields: EIN /SSN, State Lic#, Sales Tax #, # of Employees

Form with fields: # of seats (restaurant), # of rooms (apartment/hotel), # of units (storage/warehouse), Inventory Value (\$), Value of checked items

Exempt? (Attach proof of one of the following)

- Disabled veteran or un-remarried spouse
age 65 or older
widow with minor dependents
disabled

Home based business? (Is the business address at your home?) YES NO

Home Occupation Zoning Certification

I certify that the information given above is true and correct to the best of my knowledge. I understand that payment of this tax does not indicate any land use, zoning, or development approval of any kind whether federal, state or local law, rule, regulation, code or ordinance. I acknowledge that if this business tax is for a home based business, I will comply with all restrictions to Home Occupations as stated in the City of Palm Coast Code, including but not limited to Section 4.12 Home Occupations.

Signature Date

Community Development Approval

Zoning Approval Date

Building Division Approval Date





# city of PALM COAST

Community Development Department  
Building Services Division

160 Lake Avenue  
Palm Coast, FL 32164  
386-986-3780

## Declaration for Renovations and Remodeling

Address/Location \_\_\_\_\_

Previous use \_\_\_\_\_ Intended Use \_\_\_\_\_

The work performed on existing buildings is classified in one of the categories below per the Florida Existing Building Code. Please check the box below that best describes the work you intend to do to the building.

502.1 Repair: The patching or restoration or replacement of damaged materials, elements, equipment or fixtures for the purpose of maintaining such components in good or sound condition

503.1 Level 1 Alteration: The removal and replacement or the covering of existing materials, elements, equipment or fixtures using new materials, elements, equipment or fixtures that serve the same purpose

504.1 Level 2 Alteration: The reconfiguration of space (seating, changes to floor plan, etc.) the addition or elimination of any door or window, the reconfiguration of or extension of any system, or the installation of any additional equipment

505.1 Level 3 Alteration: The work area exceeds fifty percent of the building area.

506.1 Change of Occupancy: Changing all or part of a building or space from one use or occupancy classification to another (e.g. changing a retail store to a business office, changing a storage warehouse to an event center)

Exterior Alterations (signage, facades, parking, outdoor seating, etc.)

No Alterations: No work and/or alterations are proposed to the building.

Please describe the complete scope of work proposed for this building.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I (print) \_\_\_\_\_ affirm the scope of work described above represents all proposed alterations in conjunction with use and occupancy of this building. I understand alterations to the building requires one or more building permits and failure to obtain required building permits may result in issuance of a stop work order, notice and order to obtain required building permits and removal of building finish materials for the purpose of inspecting and approving unpermitted work.*

\_\_\_\_\_  
Signature of Business Owner/Occupant and Date

### OFFICE USE

Previous use \_\_\_\_\_ Intended Use \_\_\_\_\_