



CITY OF SUFFOLK

441 MARKET STREET, P.O. BOX 1858, SUFFOLK, VIRGINIA 23439-1858

PHONE: (757) 514-4150 FAX: (757) 514-4199

DEPARTMENT OF PLANNING AND
COMMUNITY DEVELOPMENT

TENANT AUTHORIZATION FOR HOME OCCUPATION

(This document must be notarized)

I hereby authorize the following person to apply for and file the documents necessary to obtain a permit for a home occupation. I hereby certify that I am the owner of record of the herein described property.

Name of tenant

Address of tenant

Tax Map Number

Parcel Account Number

Phone Number of tenant

Duration of Approval

Name of business

Nature of home occupation (type of business)

Will there be storage of supplies on property? If so, what will be stored and where?

I declare under penalty of perjury that I am the property owner for the address and/or parcel listed and I personally filled out the above information and certify its accuracy. I further declare that the tenant resides at the above referenced property.

Printed Name of Property Owner

Signature of Property Owner

Date

Owner Contact Phone Number

Certificate of Acknowledgment:

City/County of _____

Commonwealth of Virginia

The foregoing instrument was acknowledged before me this ____ day of ____, 20 ____ by

(Name of person seeking acknowledgment)

Notary Public

Notary registration number: _____

My Commission Expires: _____