

**HOME OCCUPATION APPLICATION**  
Summerfield Township, MI

DATE: \_\_\_\_\_

CHECK ONE:  New Application     Change of Use  
 Change of Location     Change of Ownership

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Nature of Home Occupation: \_\_\_\_\_

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

**NOTE: If application is for gunsmithing, reloading of ammunition and/or similar business, the following must be completed and a sketch showing location included with the application.**

Storage Location: \_\_\_\_\_

\_\_\_\_\_

Estimated amount of explosive material to be on premises: \_\_\_\_\_

**NOTE: If application is for medical marihuana, the following must be completed.**

Describe the enclosed locked facility in which any and all cultivation of marihuana is proposed to occur or where marihuana will be stored, with such description including the location of the facility in the building. \_\_\_\_\_

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

Describe and provide detailed specifications of equipment proposed to be used to facilitate the cultivation and harvesting of marihuana plants including, but not necessarily limited to, lighting, HVAC, electrical service, and plumbing. \_\_\_\_\_

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

Legal Description of Property where Home Occupation will take place:

Parcel #: \_\_\_\_\_

Owner (if other than Applicant): \_\_\_\_\_

Is there a building(s) – other than residence - on the property? \_\_\_Yes \_\_\_No

If YES, describe building(s): \_\_\_\_\_

\_\_\_\_\_

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**PLEASE COMPLETE ALL OF THE FOLLOWING:**

1. Total square footage of livable floor area in the residential structure: \_\_\_\_\_

2. Total square footage of floor area being used for the Home Occupation: \_\_\_\_\_

3. Total number of persons residing in the dwelling unit: \_\_\_\_\_

4. Total number of persons being employed under the Home Occupation Permit: \_\_\_\_\_

5. Will there be any noise, odor or other environmental impacts upon surrounding development? \_\_\_ If yes, describe the nature and extent of such impacts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Estimated number of vehicle trips per day that will be generated by the Home Occupation Use: \_\_\_\_\_

7. Estimated number of parking spaces required to serve the clientele of the Home Occupation: \_\_\_\_\_

8. Will there be a need for any on-site manufacturing or assembling of products? \_\_\_Yes \_\_\_No

If YES, describe the nature and extent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Will there be any need for on-site storage of materials? \_\_\_Yes \_\_\_No If YES, describe the nature and extent: \_\_\_\_\_

\_\_\_\_\_

10. Will any commodities be sold upon the premises?  Yes  No If YES, what is the estimated number of customers per day? \_\_\_\_\_

11. Will any on-site deliveries by service or commercial vehicles occur?  Yes  No If YES, what is the estimated number of deliveries per week? \_\_\_\_\_ Type of service or commercial vehicles (i.e., UPS, common carrier, FED-EX, delivery van): \_\_\_\_\_

12. What are the proposed days and hours of operation? \_\_\_\_\_

13. Will any accessory building(s) be used in conjunction with the Home Occupation?  Yes  No If YES, describe the accessory building(s) nature and extent: \_\_\_\_\_

14. Will any expansion of existing residential structures or accessory buildings be required?  Yes  No If YES, describe the extent of expansion(s) including the additional square footage: \_\_\_\_\_

15. Will a sign be erected on-site?  Yes  No If YES, describe the size and sign language proposed: \_\_\_\_\_

16. Please describe in detail how your business works: \_\_\_\_\_

**THE ABOVE INFORMATION AND STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND I WILL COMPLY WITH ANY CONDITIONS IMPOSED BY**

**SUMMERFIELD TOWNSHIP AND ALL THE ZONING REQUIREMENTS OF  
ARTICLE 3 GENERAL PROVISIONS, SECTION 3.100 HOME OCCUPATION AND  
ORDINANCE NO. 10-003 (ZONING) AMENDMENTS OF THE SUMMERFIELD  
TOWNSHIP ZONING ORDINANCE.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PLANNING COMMISSION USE ONLY**

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EXISTING ZONING: \_\_\_\_\_

REQUESTED USE PERMITTED: \_\_\_YES \_\_\_NO

OFF-STREET PARKING REQUIRED: \_\_\_YES \_\_\_NO

**(NOTE: Per Ordinance No. 10-003, maximum spaces allowed are two.)**

COMMENTS: \_\_\_\_\_

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

RECOMMENDED CONDITIONS: \_\_\_\_\_

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

\_\_\_\_\_  
PLANNING COMMISSION CHAIR OR SECRETARY

\_\_\_\_\_  
DATE

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**SUMMERFIELD TOWNSHIPS BOARD USE ONLY**

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CONDITIONS:

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

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HOME OCCUPATION PERMIT \_\_\_ APPROVED \_\_\_DISAPPROVED

\_\_\_\_\_  
TOWNSHIP SUPERVISOR

\_\_\_\_\_  
DATE

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Copies: Summerfield Township Planning Commission, Building Inspector, Fire Chief