

**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: \_\_\_\_\_

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

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): \_\_\_\_\_

\_\_\_\_\_  
=====

**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: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
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