

HOME OCCUPATION APPLICATION

Summerfield Township, MI

Revised 11/1/2018

FEE PAID: _____

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: _____

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? ___Yes ___No 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 TOWNSHIP BOARD USE ONLY

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CONDITIONS:

HOME OCCUPATION PERMIT ___ APPROVED ___DISAPPROVED

TOWNSHIP SUPERVISOR

DATE

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