

APPENDIX B

**HOME OCCUPATION REGISTRATION  
INFORMATION - QUESTIONNAIRE**

REGISTRATION NO. \_\_\_\_\_

The information provided by the applicant on this form will be administratively reviewed by the DeWitt Township Planning Department for compliance with the applicable provisions of DeWitt Township Zoning Ordinance 60. The applicant should review the provisions of Section 6.4.1 of Ordinance 60 before filling out this form. If you have any questions regarding the information requested on the form, please contact:

DeWitt Charter Township  
Planning Department  
1401 W. Herbison Road  
DeWitt, MI 48820  
Phone: (517) 669-6576

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PLEASE PRINT OR TYPE

**Q-1** Applicant (Site of Home Occupation):

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Street & No.) (City) (State) (Zip Code)

Telephone Numbers: \_\_\_\_\_  
(Home) (Business or Work)

**Q-2** Owner:

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Street & No.) (City) (State) (Zip Code)

Telephone Numbers: \_\_\_\_\_  
(Home) (Business or Work)

**Q-3** Description of proposed Home Occupation. Please include the activities involved and the method(s) of operation. \_\_\_\_\_

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

**Q-4** Will the Home Occupation create any of the following:

	Yes or No	Type or Source
1) Noise:	_____	_____
2) Dust:	_____	_____
3) Odor:	_____	_____
4) Vibration:	_____	_____
5) Glare:	_____	_____
6) Electrical Interference:	_____	_____
7) Heat:	_____	_____
8) Hazards:	_____	_____

If the answer to any of the above is yes, explain below:

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NOTE: Noise, odor, dust, etc. are not permitted to extend or be discernable beyond the property lines of the parcel on which the allowable use is conducted and the occurrence of the same, beyond property lines, is considered prima facie evidence of the use not qualifying as a "Home Occupation".

**Q-5** Will the Home Occupation require the employment of persons not residing in the dwelling in which the use is conducted? Yes \_\_\_ No \_\_\_ If yes, please explain below:

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**Q-6** What type of product or service will be provided in the operation of the proposed Home Occupation?

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**Q-7** What, if any, alterations to the home will be required to conduct the Home Occupation?

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**Q-8** What rooms or areas (give sizes) of the home will be utilized for the Home Occupation and what specifically will each area be used for in conducting the Home Occupation?

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**Q-9** What is the total square footage of the home in which the Home Occupation will be conducted? (Total square footage includes all living areas, exclusive of basement area or garage areas) TOTAL SQUARE FOOTAGE \_\_\_\_\_ Sq. Ft.

**Q-10** Describe any mechanical or electrical equipment that will be necessary to conduct the proposed Home Occupation. (e.g. desk, filing cabinet(s), copying machine, tools, etc.)

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**Q-11** Describe how, where, what, and in what amounts any material, supplies and/or equipment related to the proposed Home Occupation will be displayed or stored.

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**Q-12** Will people be required to come to the home to obtain the product or service provided by your in the operation of the Home Occupation? If yes, what is the estimated number of customers per day and how many days per week? or months per year?

Yes \_\_\_ No \_\_\_ If yes, how many per day? \_\_\_ week? \_\_\_ year? \_\_\_\_\_

Su M Tu W Th F Sa (circle weekdays applicable)

Jan Feb Mar Apr Jun Jul Aug Sept Oct Nov Dec (circle months)

**Q-13** How many paved off-street parking spaces can be provided for people that are required to come to the home where the proposed Home Occupation will be conducted? (1 parking space equals 10' x 18')

Number of paved parking spaces: \_\_\_\_\_ (10 ft. x 18 ft.)

**Q-14** What, if any, signage (give size) is proposed in conjunction with the Home Occupation?  
**Note:** Only signs mounted to the wall of the home are permitted.

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

**Q-15** Is the proposed Home Occupation activity part-time or full-time?  
Full-time \_\_\_ Part-time \_\_\_ (check one)

**Q-16** Will any outdoor motorized equipment or vehicles be used in conjunction with the operation of your Home Occupation? What types, how many of each and where will they be stored?

Yes \_\_\_ or No \_\_\_ (check one) If yes, list:

Type: \_\_\_\_\_ No. \_\_\_\_\_  
Where Stored: \_\_\_\_\_

Type: \_\_\_\_\_ No. \_\_\_\_\_  
Where Stored: \_\_\_\_\_

Type: \_\_\_\_\_ No. \_\_\_\_\_  
Where Stored: \_\_\_\_\_

**Q-17** Explain in detail how the goods or services resulting from the operation of the Home Occupation are produced and by whom?

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

**Q-18** Does the service or work involved in the production of the goods produced require a license from any State or Federal agency? Yes \_\_\_ No \_\_\_ (check one & if yes, provide copies)

I HAVE READ AND FULLY UNDERSTAND DeWITT TOWNSHIP'S HOME OCCUPATION REGULATIONS UNDER THE PROVISIONS OF SECTION 6.4.1 OF ORDINANCE 60 AND THAT HOME OCCUPATIONS ARE SUBJECT TO ADMINISTRATIVE REVIEW AND APPROVAL BY THE PLANNING DEPARTMENT. FURTHER I UNDERSTAND IF MY HOME OCCUPATION IS ADMINISTRATIVELY APPROVED, IT CANNOT BE CHANGED OR EXPANDED UPON WITHOUT RE SUBMITTAL OF THOSE CHANGES FOR APPROVAL TO THE TOWNSHIP'S PLANNING DEPARTMENT. I ATTEST THAT TO THE BEST OF MY KNOWLEDGE THE PROPOSED HOME OCCUPATION I WISH TO CONDUCT IN MY HOME WILL BE IN TOTAL COMPLIANCE WITH ALL APPLICABLE TOWNSHIP REGULATIONS AND THAT UPON FORMAL NOTICE TO THE CONTRARY I WILL TAKE IMMEDIATE STEPS TO RECTIFY ANYTHING THAT IS NOT TOTALLY IN COMPLIANCE.

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_