



APPLICATION - HOME OCCUPATION

Planning Department • 1401 W. Herbison Road • DeWitt, MI 48820
Phone: 517/669-6576 • Fax: 517/669-6496

<u>Final Action:</u>	<u>PLANNING DEPARTMENT USE ONLY</u>		
<input type="checkbox"/> Approved	Application Received: _____		
<input type="checkbox"/> Approved w/conditions (see attached)	Case #: _____		
<input type="checkbox"/> Denied	Tax ID: _____		
<input type="checkbox"/> Need more information (see attached)	Comments: _____		
Reviewer: _____	Date: _____		

I. APPLICANT INFORMATION

Applicant Name _____

Street Address _____ City _____ State _____ Zip _____

Telephone Number _____ Facsimile Number _____

Interest in Property (owner, tenant, option, etc.) _____

Contact Person _____ Telephone Number _____

Email Address: _____

II. PROPERTY INFORMATION

Owner _____ Telephone Number _____

Property Address _____

Zoning District: _____

III. REQUEST DESCRIPTION (Attach additional sheets, if necessary)

State the activities involved and the method(s) of operation for the Home Occupation:

APPLICANT CERTIFICATION

By execution of this application, the person signing represents that the information provided and the accompanying documentation is, to the best of his/her knowledge, true and accurate. In addition, the person signing represents that he or she is authorized and does hereby grant a right of entry to Township officials for the purpose of inspecting the premises and uses thereon to verify compliance with the Township Zoning Ordinance and all other applicable Township ordinances.

Signature _____ Date _____

IV. APPLICATION MATERIALS

The following is a checklist of items that must be submitted with the applications for Home Occupation Review. Incomplete applications will not be processed.

- Completed application form
- Any other information deemed necessary

Disclaimer: 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. The applicant should review the provisions of Section 4.3 before filling out this form.

V. HOME OCCUPATION REGISTRATION INFORMATION

Please indicate which of the following conditions apply to the request. Please check the appropriate responses below.

1. The Home Occupancy will create any of the following:

- | | | | | |
|-----------------------------|--------------------------------|----|-------------------------------|-----------------------|
| a. Noise: | <input type="checkbox"/> (YES) | OR | <input type="checkbox"/> (NO) | Type or Source: _____ |
| b. Dust: | <input type="checkbox"/> (YES) | OR | <input type="checkbox"/> (NO) | Type or Source: _____ |
| c. Odor: | <input type="checkbox"/> (YES) | OR | <input type="checkbox"/> (NO) | Type or Source: _____ |
| d. Vibration: | <input type="checkbox"/> (YES) | OR | <input type="checkbox"/> (NO) | Type or Source: _____ |
| e. Glare: | <input type="checkbox"/> (YES) | OR | <input type="checkbox"/> (NO) | Type or Source: _____ |
| f. Electrical Interference: | <input type="checkbox"/> (YES) | OR | <input type="checkbox"/> (NO) | Type or Source: _____ |
| g. Heat: | <input type="checkbox"/> (YES) | OR | <input type="checkbox"/> (NO) | Type or Source: _____ |
| h. Hazards: | <input type="checkbox"/> (YES) | OR | <input type="checkbox"/> (NO) | Type or Source: _____ |

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

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."

3. Will the Home Occupation require the employment of persons not residing in the dwelling in which the use is conducted?

- i. (YES) OR (NO)

ii. If yes, please explain below (i.e. # of employees, hours worked):

4. What type of product or service will be provided in the operation of the proposed Home Occupation?

5. What, if any, alterations to the home will be required to conduct the Home Occupation?

6. 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 (include square footage)?

Room / Area: _____ Use of Space: _____ Square Footage: _____
Room / Area: _____ Use of Space: _____ Square Footage: _____
Room / Area: _____ Use of Space: _____ Square Footage: _____
Room / Area: _____ Use of Space: _____ Square Footage: _____
Room / Area: _____ Use of Space: _____ Square Footage: _____

7. 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: _____ Square Feet

8. 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.)

9. 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.

10. 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?

i. (YES) OR (NO)

ii. If yes, provide the following:

1. How many customers per day? _____

2. How many customers per week? _____

3. How many customers per year? _____

4. Check the weekdays that are applicable:

a. Su M Tu W Th F Sa

5. Check the months that are applicable:

a. Jan Feb Mar Apr Jun Jul Aug

Sept Oct Nov Dec

11. 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 feet x 18 feet)

12. 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.

13. Is the proposed Home Occupation activity full or part-time?

i. (FULL-TIME) OR (PART-TIME)

14. Will any outdoor motorized equipment or vehicles be used in conjunction with the operation of your Home Occupation?

i. (YES) OR (NO)

ii. If yes, provide the following:

1. What types, how many of each and where will they be stored?

a. Type: _____ Amount: _____

Storage Location: _____

b. Type: _____ Amount: _____

Storage Location: _____

c. Type: _____ Amount: _____

Storage Location: _____

d. Type: _____ Amount: _____

Storage Location: _____

15. Explain in detail how the goods or services resulting from the operation of the Home Occupation are produced and by whom?

16. Does the service or work involved in the production of the goods produced require a license from any State or Federal agency?

i. (YES) OR (NO)

ii. If yes, provide copies of the license with this application.

**CLICK TO
CLEAR FORM**