

HOME OCCUPATION PERMIT



CHOCOLAY TOWNSHIP

5010 US-41 South
 Marquette, MI 49855
 Phone: 906-249-1448 Fax: 906-249-1313
 chocolay.gov

PERMIT NUMBER
 HO- _____ - _____

HOME OCCUPATION INFORMATION

Date of application _____ Home occupation address _____

Proposed business name _____

<p>PROPERTY OWNER</p> <p>Name _____</p> <p>Address _____</p> <p>City / State / Zip _____</p> <p>Contact number _____</p> <p>E-mail _____</p>	<p>APPLICANT (if different from owner)</p> <p>Name _____</p> <p>Address _____</p> <p>City / State / Zip _____</p> <p>Contact number _____</p> <p>E-mail _____</p>
---	--

If the applicant is not the property owner, the property owner grants permission for the applicant to act on the owner's behalf for this project.

Owner Signature _____ Date _____

All home occupations shall meet the standards of Section 6.9 of the Township *Zoning Ordinance*. Type II home occupations shall also meet the standards of Section 16 of the Township *Zoning Ordinance*.

The Zoning Administrator will determine whether your proposed home occupation is a Type I (requiring only Zoning Administrator approval), or a Type II (requiring a public hearing and Planning Commission review and approval).

HOME OCCUPATION DESCRIPTION

Home Occupation Structure

Type of residential structure single family duplex (two family) multiple-family

Floor area of the structure where the home occupation will be located _____ square feet

Floor area the home occupation will use in the structure _____ square feet

Home Occupation Description

Will customers come to your location? yes no

 If yes: _____ average number of customer visits per day

Will you have employees and / or other contractors at your location? yes no

 If yes: _____ number of employees / contractors

 If yes: _____ number of employees living in the home

Additional Comments

BUSINESS OPERATION

Please provide statements to provide support for the business operation (attach separate pages if necessary).

- 1. Give a brief description of the type of business you would like to operate at your location.

- 2. Describe the daily operations of the proposed home occupation, including typical hours of operation and average weekly traffic to the property related to the home occupation.

- 3. Describe any materials (other than standard office equipment) to be used in the home occupation that will be kept on-site, including names of chemicals used. Please describe material type, use, average quantity stored on-site at any one time, average length of storage time, and location of the storage area.

- 4. Describe any by-product or waste products that will be kept on-site, and any finished products to be kept on-site, including the names of chemicals. Please describe material type, average quantity stored on-site at any one time, average length of storage time, and location of the storage area. Describe how you will dispose of by-products or waste products and how often you will do it.

- 5. Describe the measures you propose to use to reduce negative impacts to the environment as a result of materials or processes used in or produced by the home occupation (such as air, water, soil, other surface impacts).

- 6. Describe any potential operational impacts (such as glare, fumes, odor, vibration, noise, electrical interference, or fluctuation in voltage) that may be created by the home occupation, and the range in feet that these impacts may be detected outside the structure where the home occupation will be located.

- 7. Describe the measures you propose to use to reduce the operational impacts perceptible to nearby properties.

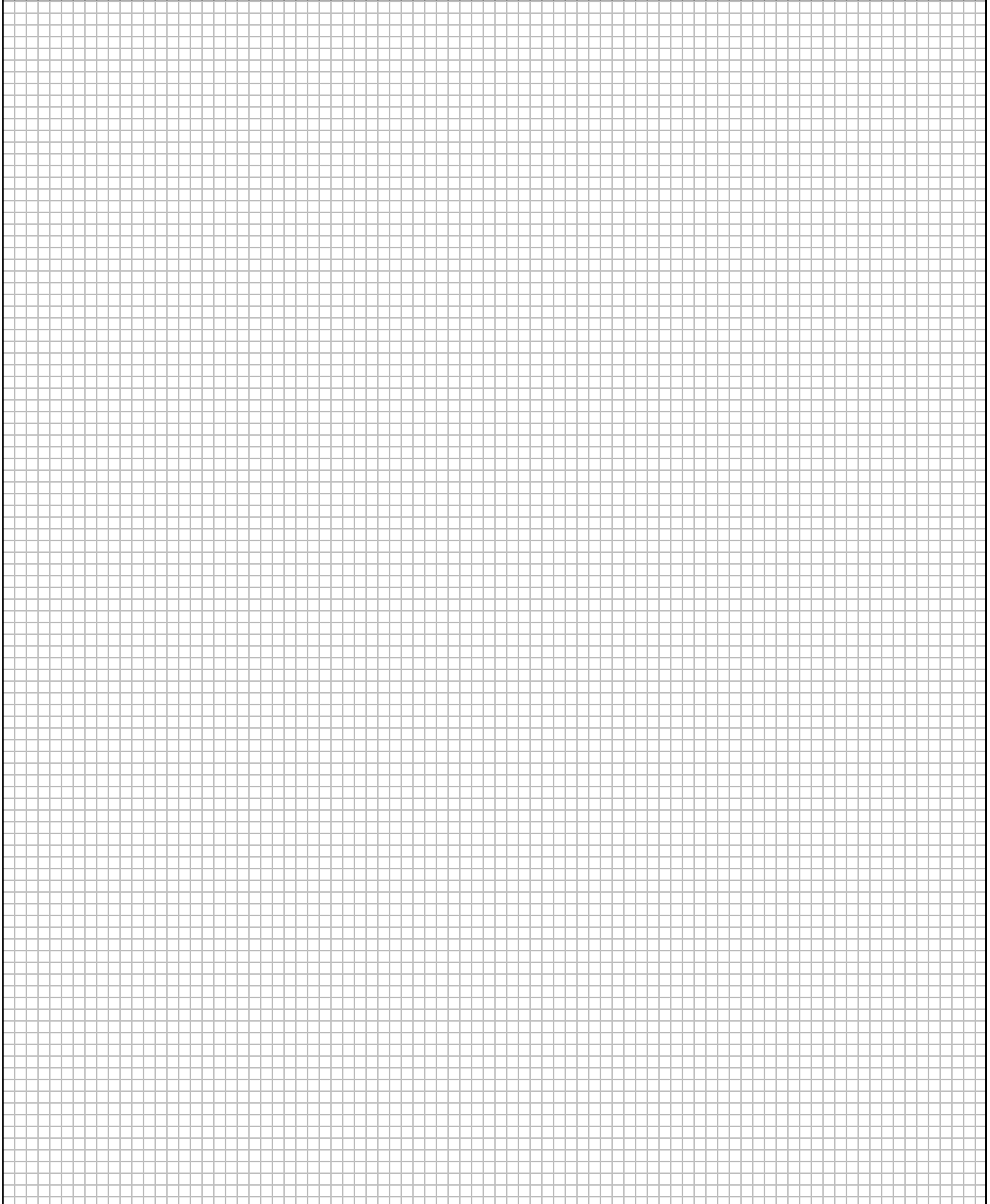
- 8. List county, state, or federal permits and / or licenses required for the type of work proposed. Indicate the status or approval of the permits and attach photocopies of required permits to this application.

SITE PLAN

Provide a site plan drawn to scale with the information shown below. Attach a separate sheet if necessary.

- All property lines and property dimensions
- Location of proposed home occupation
- Location of existing structures
- North directional arrow

See attached for site plan

A large rectangular area filled with a fine grid pattern, intended for drawing a site plan. The grid is composed of small squares and covers most of the lower half of the page.

APPLICATION CONDITIONS

1. I certify the proposed home occupation is authorized by the property owner of record, and that I have been authorized to make this application.
2. I understand no advertising shall use the residential address of the home occupation, and that this provision does not apply to business cards.
3. I understand one sign not exceeding six square feet or six feet in height is permitted on the property.
4. I understand this application does not satisfy the need for all permits required by Marquette County or the State of Michigan, and that other permits may be necessary before beginning the home occupation use.
5. I certify the requested home occupation does not violate any deed restrictions attached to the property involved in the request.
6. I certify the proposed home occupation is compliant with all other applicable federal, state, and local statutes, regulations, and ordinances, and I understand that my permit may be revoked if it is found that the home occupation is in violation of any statute, ordinance, law, or regulation.
7. I have reviewed Section 6.9 *Home Occupation* and Section 16 *Conditional Use Permits* in the *Township Zoning Ordinance*.
8. I agree that acceptance of a permit establishes consent and permission for appropriate Township officials to enter upon the property for the purpose of determining and verifying compliance with the permit, and that inspections may be unannounced and take place during reasonable business hours. I authorize these inspections and agree not to hinder, obstruct, or otherwise prevent such inspections, and acknowledge they are a condition to the permit approval.
9. If my home occupation is determined to be a Type II, I understand that I must submit a *Conditional Use Permit Application*, and that the Planning Commission is required to hold a public hearing. I further understand that the Planning Commission may table action to a later meeting if the Commissioners determine more information is necessary to make a decision.
10. If my home occupation is determined to be a Type II, I understand the Planning Commission makes the final decision in this process, and the Commissioners may approve, approve with conditions or deny the request.

Owner / agent signature _____ **Date** _____

Name (print) _____

TOWNSHIP OFFICE

Parcel ID 52-02-_____-_____-_____ **Zoning District** _____

Application Charge \$30.00 (Type I) \$250.00 (Type II) — applies to *Conditional Use Permit Application*

Date paid _____ Receipt number _____

Proof of additional required permits and licenses received

Zoning Administrator Approval (Type I only)

Occupies no more than 25% of one structure

Located inside dwelling or accessory structure

No expected operational impacts

No non-resident employee or contractor engaged on-site

Conditional Use Application (Type II only)

Minimum of 30 calendar days prior to the Planning Commission meeting

Conditional Use Permit Application submitted _____

Zoning Administrator signature _____ **Date** _____