



Application for Home Occupation

Waterloo Township

9773 Mt Hope Road, Munith, MI 49259
(517) 596-8200

INSTRUCTIONS

Complete and sign this form and submit to the Waterloo Township Zoning Administrator.

Home Occupation: An occupation or profession conducted entirely within a dwelling or accessory structure which is clearly incidental and secondary to the residential use of the lot, does not change the character of the dwelling, and meets all applicable provisions of this Ordinance.

- Class 1 Home Occupation: An occupation or profession conducted entirely within a dwelling, excluding an attached garage.
- Class 2 Home Occupation: An occupation or profession conducted within an accessory building on the same lot as the dwelling in which the owner of such business resides, including an attached or detached garage.

For both a Class 1 and Class 2 Home Occupation, the determination of whether to grant or deny a permit is contingent upon the information provide below. **Disclosure of false, inaccurate, or misleading information will be grounds for revocation of any permit for a Home Occupation.**

Applicant's Name

Address of Home Occupation

City, State, and Zip

Date: _____

Applicant's Address: _____

Applicant's Phone: _____

Applicant's Email: _____

STAFF USE ONLY:

Parcel No.: _____

Zoning District: _____

Payment of Fee? _____

Responses Required for Home Occupation Application (Add Sheets as Necessary):

1. Provide a detailed description of the proposed Home Occupation. Describe day-to-day operations in as much detail as possible.

2. Will the Home Occupation occur within a dwelling (home) or an accessory building (e.g., garage)?

3. Will the Home Occupation have an adverse impact on the residential character of a dwelling?

4. If the Home Occupation involves the use of tools, trucks, equipment, or construction materials, please identify the type of said equipment or material and place where said equipment will be stored.

5. What are the hours of operation for the proposed Home Occupation? _____

6. Will the Home Occupation generate any traffic, or require additional parking? How many customers will visit the Home Occupation per day on average?

7. How many employees will the Home Occupation employ, excluding residents living within the home?

8. Will the Home Occupation entail the use or storage of explosive, flammable, or otherwise hazardous waste in quantities in excess of those maintained in a typical household?

9. Will the Home Occupation sell any goods or articles that are produced outside of a dwelling? If so, please explain how the sale of these goods is incidental to the principal service provided by the Home Occupation.

10. Will the Home Occupation cause or require any changes to the exterior of a dwelling, including any proposed signs?

11. Will the Home Occupation generate noise, odors, fumes, glare, or electrical interference?

12. Will your Home Occupation require you to sell items not produced in a dwelling or on your property?

13. Please provide any additional information about the Home Occupation that may help the Zoning Administrator determine the nature and potential impacts of the Home Occupation on the Township's health, safety, and general welfare.

14. Will the Home Occupation be conducted entirely within a dwelling and not occupy more than twenty (20) percent of the total first floor area of the dwelling, not to exceed five hundred (500) square feet in area?

15. On a separate sheet of paper, please prepare a dimensioned sketch of the building and floor area where the Home Occupation will occur (including any parking).

BY SIGNING THIS APPLICATION, I HAVE READ AND UNDERSTAND THE ZONING ORDINANCE REQUIREMENTS FOR HOME OCCUPATIONS. I FURTHER ACKNOWLEDGE THAT ALL INFORMATION PROVIDED FROM ME TO THE TOWNSHIP IS ACCURATE AND TRUTHFUL. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION MAY BE A BASIS TO REVOKE ANY PERMITS FOR A HOME OCCUPATION. MOREOVER, I ALSO ACKNOWLEDGE THAT I HAVE A DUTY TO SUPPLEMENT THIS INFORMATION SHOULD THE ACTIVITIES REPRESENTED IN THIS APPLICATION FOR MY PROPOSED HOME OCCUPATION CHANGE OR IF THE TOWNSHIP REQUIRES ADDITIONAL INFORMATION TO MAKE A DECISION ON A PERMIT. FAILURE TO SUPPLEMENT INFORMATION FOR CHANGED ACTIVITIES MAY ALSO BE A BASIS FOR REVOCATION OF ANY PERMITS TO CONDUCT A HOME OCCUPATION. FURTHER, ANY PERMITS ISSUED BY A TOWNSHIP OFFICIAL OR EMPLOYEE IN ERROR SHALL NOT BIND THE TOWNSHIP.

Applicant's signature: _____ **Date:** _____

TOWNSHIP USE ONLY

Approved Denied

Zoning Administrator's signature: _____ Date: _____

Reason for Denial (if applicable): _____

