

Zoning Administrator: _____
Phone #: _____
Skandia TWP Phone #: 906-942-7404

Home Occupation # _____
Fee: _____
Date Paid: _____

HOME OCCUPATION APPLICATION

APPLICANT: _____
(Name)

(Address)

(City, State, Zip Code)

PHONE: _____

I (We) hereby request a permit for a home occupation per Section ⁴⁰³ of the Skandia Township Zoning Ordinance.

1. Type of and/or name of the home occupation _____

2. Typical daily activities include the following:
 - a. Traffic _____

 - b. Noise _____

 - c. Hours of Operation _____

3. What materials, tools or equipment are used in this home occupation?

4. Who is involved in the home occupation? _____

5. Describe where the home occupation will be conducted. _____

6. How many square feet of area are required for the conduct of this home occupation? _____

 (Provide a diagram of the building and the property layout)
7. How will someone obtain your service or product? _____

8. Are any signs proposed to identify or advertise this home occupation?
 Yes ____ No ____ If so please identify type, size and location. ____

9. Will there be any delivery of products to your home? Yes ____
 No ____ If yes, by whom and estimate how often delivery will be made. _____

I have read Section 101 (definition of a home occupation) and Section 403 of the Skandia Zoning Ordinance outlining the procedure for approval. I further understand that approval if granted is granted for a maximum of three years and that this home occupation is non-assignable and non-transferable. In addition the Home Occupation permit shall terminate as of the date included in any motion to approve as determined by the Township Zoning Board of Appeals. A new application can be made at that time subject to the same procedure as required for the initial approval.

 (Applicant's Signature)

 (Date)