

SKANDIA TOWNSHIP

224 Kreiger Drive

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Skandia, MI 49885

Phone (906) 942-7404 / Fax (906) 942-7509

Zoning Administrator - Mark Maki (906)446-3335 Email: jojozimmy@aol.com

HOME OCCUPATION APPLICATION

Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Email: _____

FEE: \$300.00 TO COVER COSTS OF PUBLIC NOTICES

Make check payable to: Skandia Township

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.

Applicants Signature: _____ Date: _____