

ASHLAND TOWNSHIP
Newaygo County, Michigan

REQUEST FOR HOME-BASED BUSINESS

Important Notice to Applicants: *A minimum of 2 copies of this completed application, along with the same number of copies of supporting documents described below, must be submitted to the Zoning Administrator. The application must be completed in full. If additional space is needed, number and attach additional sheets.*

<u>Name</u>	<u>Street Address</u>	<u>City/State/Zip Code</u>	<u>Telephone #</u>
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1) **APPLICANT** _____

Other numbers: Land Line: _____ Cell: _____ Fax: _____

2) **LANDOWNER** _____
(if different than applicant)

3) **APPLICANT'S INTEREST IN PROPERTY** (check one); Owner Lessee Purchase Option
 Other/Specify: _____

4) **PROPERTY INFO:**
Street Address: _____ Tax Parcel #: _____
Deed Restrictions on Property (Check one): Yes No Acreage: _____
Property on which home-based business is to be located is: () same; () adjacent to applicant's residence.

5) **HOME BASED BUSINESS APPLIED FOR:** _____.

6) **ZONING DISTRICT:** () R-1 Rural Residential; () R-2 River Residential; () R-3 Lake Residential;
() C-1 General Commercial; () I-1 Light Industrial; I-2 General Industrial

7) **SUPPORTING DOCUMENTS:** The following must accompany each copy of this application form. Each supporting document must include the name and address of the applicant.

A. **Narrative Description:** A detailed narrative description of the proposed home-based business, indicate the building and floor area in which the business shall be operated; if construction or repairs to any existing structure are required; provide what is to be constructed and for what purpose, the nature of services to be provided, nature of products for sale or manufacture, etc. that would be involved in the home-based business.

B. **Proof of Property Ownership/Interest/Other Party Information:** Proof of ownership of the property such as a warranty deed, land contract or other evidence of interest in the property, and the names, addresses, phone numbers of all other persons or entities having legal or equitable interest in the property including written authorization by the landowner for a person to act on behalf of the landowners (if applicable).

8) **AFFIDAVIT:** I (we) the undersigned affirm that the foregoing answers, statements, and information, and any attachments, are in all respects true and correct to the best of my (our) knowledge and belief. I (we) the undersigned understand that the Home Based business applied for, if granted, is issued on the representations made herein and any additional conditions imposed by the Planning Commission; and that the Home-Based Business and/or a Building Permit subsequently issued may be revoked because of any breach of representations or conditions, or because of the lack of continued conformance with zoning ordinance requirements.

I (we) the undersigned authorize the Zoning Administrator, Building Official, Inspectors, Township Officials, Health Department, and any other person authorized by the Township Board to receive this application to enter onto the premises, and to enter any structure on the property for purposes of inspection for compliance upon invitation or upon 24 hours' written notice. Failure to permit the inspection will result in denial and/or revocation of approval for home-based business.

I (we) the undersigned understand that the Township after reviewing the Request for Home-Based Business will set the matter for a hearing before the Township Planning Commission, with notice given to surrounding property owners.

By signing this Affidavit, I affirm adherence to the Township Zoning Ordinance's Home-Based Business regulations as follows:

1. The proposed Home-Based Business is located on the same lot or parcel, or on an adjacent lot or parcel as described in the Ordinance, as my lawfully established and maintained residential dwelling unit.
2. The Home-Based Business is incidental to the residential use of the property.
3. The Home-Based Business will be operated by _____, who is an occupant of the principal residential dwelling unit.
4. The Home-Based Business will only employ members of my family that live in my residential dwelling unit and not more than one additional non-resident employee.
5. The activities of the Home-Based Business I have described will only take place inside an enclosed building on the same lot or parcel as the principal residential dwelling unit, or on an adjacent lot or parcel as described in this ordinance.
6. I understand that I will not be permitted to store materials, product or equipment used in the Home-Based Business out-of-doors.
7. I agree that I will not sell any products of the Home Based Business from the premises on a retail basis.
8. There will be no outdoor construction, assembly, storage of materials or other activities associated with the Home-Based Business.
9. I agree to provide one (1) off-street parking space onsite if a non-family employee is employed by the Home-Based Business and/or if customers will come to the site, as established by the site plan attached to this application.
10. I will install no more than one wall-mounted sign or small directional sign, each of which may be no larger than two (2) feet by three (3) feet as established in the attached site plan. Neither sign shall be lit.
11. I agree to operate the business described and approved in accordance with the site plan and approval of the planning commission and that any violation of the home-based business provisions and/or the approval conditions may subject me to revocation of the home-based business approval and/or zoning ordinance violation.
12. I agree not to create, cause or maintain a nuisance in terms of noise, vibrations, odors, smoke or other negative impacts generated by or associated with the Home-Based Business, if it is approved.

Applicant Signature(s) Date	Property Owner's(s) Signature(s) Date (if different than applicant)

MAILING DIRECTIONS, ZONING ADMINISTRATOR COMMUNICATIONS, AND FEES

This application must be returned with a payment (check) for all applicable fees to the following address:

Terry Harrison
 Zoning Administrator, Ashland Township
 P.O. Box 457, Grant, MI 49327-0457

Telephone: 231-834-7535 Fax: 231-834-0446

Please contact the Zoning Administrator for applicable fees. All checks for application fees must be made out to "Ashland Township".

Township Use Only:

Application received by: _____ Date: _____ By: (initials) _____

() Site plan () Proof of Ownership () Application Fee Cash/Check No. _____

Application reviewed on: (date) _____ Application reviewed by: (initials) _____

Planning Commission date: _____

Notice to surrounding property owners on (date): _____ by: (initials) _____

Approved: _____

Notarized statement received : (date) _____ By: _____

Permit issued on: _____ By: _____ For: _____