

TOWNSHIP OF CASNOVIA

245 S. Canada Road · Casnovia , MI 49318616-675-4064 · Fax 616-675-5611

APPLICATION FOR HOME OCCUPATION

The undersigned applicant hereby makes application for a license to operate a Home Occupation business. Applicant also understands he/she is also required to obtain the proper license. Applicant affirms that he/she has read the Code of the Township of Casnovia Section 3.11, "Home Occupations" and understands that he/she is bound by all of the provisions set forth in the Ordinance.

Applicant's Signature

Date

BUSINESS INFORMATION

Name of Business _____

Description of Business: _____

Square Footage or Percent of Residence that the Business Occupies: _____

Type of Equipment to be used: _____

Will There Be Any Alterations to the Structure? Yes No

(addition, or removal of Walls, Electric, Plumbing)

If Yes, please explain: _____

SITE INFORMATION

MUST SUBMIT FLOOR PLAN OF BUILDING INDICATING LOCATION AND DIMENSIONS OF HOME OCCUPATION

Address of Property _____

Phone Number _____ Email Address _____

Tax Parcel # 61- - - - - Zoning District _____

Signature of Applicant

Date

Printed Name

FOR OFFICE USE ONLY

Zoning Officer's Decision Inspection Date: _____

Approved Denied Pursuant to Section: _____

Zoning Administrator's Signature

Date

Township of Casnovia Fee \$ _____

Date Received _____