

ONTWA

TOWNSHIP Township of Ontwa * County of Cass * State of Michigan

www.Ontwatwp.org 26225 U.S. 12 * P.O. Box 209 * Edwardsburg, MI. 49112 * Fax: (269) 663-0072 * Phone: (269) 663-2347

Jerry Marchetti – Supervisor
Tina VanBelle – Clerk
Meryl Christenson – Treasurer

Jerry Duck – Trustee
Jeff Kozinski – Trustee
Dawn Bolock – Trustee
Dan Stutsman – Trustee

HOME OCCUPATION / HOME BUSINESS LICENSE APPLICATION

Important Notice to Application: Submit one (1) copy of this completed application along with two (2) copies of supporting documents as listed below, to the Zoning Administrator. Complete the application in full. If there is need for additional space, number and attach additional sheets. Approval of the application is required before issuance of a Home Occupation/Business License. The starting of, or the conducting of a Home Occupation/Business, prior to the issuance of a license, is in violation of the Zoning Ordinance.

Please Print of Type:

Fee: \$150.00

APPLICATION #: _____

APPLICANT(S) NAME: _____

ADDRESS/CITY/STATE/ZIP: _____

TELEPHONE/CELL: _____

LAND OWNER (if different than applicant): _____

ARE YOU (check one): Owner: Lessee: Buying: Other:

PROPERTY ADDRESS: _____

PROPERTY TAX ID: _____

DEED RESTRICTIONS: YES NO ACREAGE: ZONED:

ACTIVITY SPACE IN: RESIDENCE:
ATTACHED GARAGE:
ACCESSORY BUILDING:
OTHER:

DESCRIBE ACTIVITY: _____

HOURS and DAYS of OPERATION: _____

NOISE CONTROL MEASURES: _____

TOXIC or HAZARDOUS MATERIALS INVOLVED: YES: NO:

IF YES, HOW WILL THESE MATERIALS BE HANDLED ON SITE?

NOTE: Furnish two (2) copies of the following:

1. Furnish proof of ownership of the property subject to this application. Accepted credentials include a warranty deed, or land contract.
2. Furnish a scale drawing indicating where the accessory building stands in relationship to the home. Include front, rear and side setback measurements.

AFFIDAVIT: I (WE) THE UNDERSIGNED AFFIRM THAT THE FORGOING ANSWERS, STATEMENTS, AND INFORMATION AND AN ATTACHMENTS, ARE IN ALL RESPECTS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I (WE) THE UNDERSIGNED UNDERSTAND THAT THE HOME OCCUPATION/ BUSINESS LICENSE APPLIED FOR, IF GRANTED, MAY BE ISSUED ON THE REPRESENTATIONS MADE HERIN. THE LICENSE SHALL AUTOMATICALLY BE REVOKED UPON THE SALE, LEASE OR RENTAL OF THE PREMISES TO A PARTY OTHER THAN THE APPLICANT (S), AND/OR THE CONDITIONS OF THE LICENSE HAVE BEEN VIOLATED, EITHER BY INTENT OR BY THE UNFORSEEN NUISANCE CONDITIONS ARISING FROM ITS OPERATION. ALSO, I (WE) UNDERSTAND THAT IF APPROVED, THIS LICENSE MAUST BE RENEWED IN JANUARY OF THE FOLLOWING YEAR. THE ZONING ADMINISTRATOR WILL REVIEW THE LICENSE FOR ANY NEGATIVE COMMENTS RECEIVED DURING PRECEDING YEAR FROM RESIDENTS IN THE SURROUNDING AREA IN WHICH THE LICENSE IS GRANTED. IF CONCERN TO DISCONTINUE THE LICENSE ARISES, OR IS REVOKED BEFORE RENEWAL, RENEWAL WILL GO TO THE PLANNING COMMISSION FOR THEIR DECISION. IF THIS OCCURS, I (WE) WILL BE NOTIFIED AND A PUBLIC HEARING WILL BE HELD IN MARCH, OF THAT YEAR OF RENEWAL, TO DETERMINE RENEWAL OF THE LICENSE.

APPLICANT'S SIGNATURE & DATE: _____

INSTRUCTIONS

Return this completed application to the Township Zoning Administrator. For information on fees, or needed information to complete the application, please call 269-663-2347.

OFFICE USE ONLY

FEE AMOUNT: \$150.00 _____

DATE PAID: _____

CASH: _____ **CHECK:** _____ **CHECK #:** _____

ACTION TAKEN:

APPROVED BY: _____

LICENSE ISSUED BY: _____

DISAPPROVED BY: _____

DATE: _____

DATE: _____