CHARTER TOWNSHIP OF LARKIN

Home Occupation Application

Please print:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Driver's License: _____ State Issued: _____

Tax Code #56-_____-_____-_____-_____-00 Business Telephone: _____

Name of Business: _____

_____ Corporation _____ Partnership _____ DBA _____Individual

Type of Business: _____

Square Feet of Dwelling: _____ Square Feet of Business: _____

Are you the owner of the property? _____ Yes _____ No

If no, the name of the property owner is: _____

_____

(Address) *(City)* *(State)* *(Zip)* *(Telephone)*

a) Will the business be in the dwelling only? ___Yes ___ No
b) Are all employees and/or owners living at the business address? ___Yes ___ No
If NOT, give details _____
_____
c) Is a license required for your business? ___Yes ___ No
d) Will accessory buildings or the garage be used for business or storage? ___Yes ___ No
e) Will the outside of the building be altered or change for your business? ___Yes ___ No
f) Will a sign be installed for your business? ___Yes ___ No
If YES, a sign permit will be required.

I have received a copy of the LARKIN TOWNSHIP HOME OCCUPATION ZONING ORDINANCE NO. 15.15. I have read the ordinance and will abide by the requirements for HOME OCCUPATIONS IN LARKIN TOWNSHIP. I also agree to have inspections made during normal working hours or within twenty-four (24) hours of the inspection request. I understand that violations of this ordinance will be enforced by civil infractions and subject to fines as much as $500.00 per violation.

Signed: _____ Date: _____

(For Office Use Only)

Date: _____ ___ Approved ___ Not Approved ___ Approved as Noted

Date Permit Issued: _____ ***(Date Permit Expires: Four (4) Years from Date Issued)***

Permit Fee $20.00 ____ Cash ____Check #_____ Permit #: _____

Signed: _____ Title: _____

4/25/05