

**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: \_\_\_\_\_