

**OFFICIAL USE ONLY**

FEE PAID \_\_\_\_\_ RECEIVED BY \_\_\_\_\_  
DATE RECEIVED \_\_\_\_\_ APPLICATION # \_\_\_\_\_  
BUSINESS NAME \_\_\_\_\_ PARCEL NUMBER(S) \_\_\_\_\_

**WILLIAMSTOWN TOWNSHIP  
APPLICATION FOR HOME BASED BUSINESS PERMIT**

NOTICE TO APPLICANT: Applications for Home Based Business Permit Review by the Planning Commission and Township Board must be submitted by noon no later than 24 days prior to the Planning Commission meeting at which the proposal will be considered. This application must be accompanied by the data requirements specified in the Zoning Ordinance (and elsewhere on this form), including 1 site sketch plan, copy of any state required licenses, and required fee. Regular meetings of the Planning Commission are held on the third Tuesday of each month, at 7:30 p.m., unless otherwise stated and posted, and regular meetings of the Township Board are held on the second Tuesday of the month, at 7:30 p.m., unless otherwise stated and posted. All meetings are held at the Williamstown Township Hall, 4990 North Zimmer Road, Williamston, MI 48895. Phone number: (517) 655-3193. An application may be retired from the Planning Commission agenda, after notification of the applicant, if it has not appeared on at least one of three consecutive Planning Commission agendas.

**TO BE COMPLETED BY APPLICANT:**

I (We), the undersigned, do hereby respectfully request review for a home based business and provide the following information to assist the review.

NAME OF APPLICANT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

INTEREST IN PROPERTY (if not owner) \_\_\_\_\_

**PROPERTY OWNERS (if different than applicant):**

NAME (S) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

**LOCATION OF PROPERTY:**

STREET ADDRESS \_\_\_\_\_

SIDWELL (PROPERTY ID) NO. 33-03- \_\_\_\_\_ ZONING \_\_\_\_\_

PROPERTY DESCRIPTION \* \_\_\_\_\_

\*NOTE: If property is part of a recorded plat, provide lot numbers and subdivision name. If not part of a recorded plat (i.e., "acreage parcel"), please attach metes and bounds description.

PLEASE DESCRIBE THE NATURE AND RANGE OF THE PROPOSED ACTIVITIES, AS WELL AS ANY POTENTIAL IMPACTS AND ANY OTHER DETAILS THAT MAY ACCURATELY DESCRIBE THE ACTIVITY. If the space provided is insufficient, please attach a separate sheet. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPOSED SIGNAGE SIZE AND LOCATION:** (Please attach drawing showing dimensions, material, etc.) \_\_\_\_\_  
\_\_\_\_\_

WILL ANY CUSTOMER OR CLIENTS COME TO THE PREMISES IN CONNECTION WITH THIS BUSINESS? IF YES, GIVE TIMES, DAYS AND FREQUENCY: (The township may limit hours of operation if deemed necessary to maintain the residential character of the neighborhood.) \_\_\_\_\_  
\_\_\_\_\_

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WILL ANY GOODS OR MATERIALS BE SOLD, DISPLAYED, STORED, PROCESSED OR MANUFACTURED AT THIS ADDRESS? IF YES, PLEASE EXPLAIN: \_\_\_\_\_

WILL DELIVERY OF ANY GOODS BE MADE TO THE PREMISES? IF YES, PLEASE EXPLAIN: \_\_\_\_\_

WILL THE PROPOSED USE REQUIRE THE USE OF ELECTRICAL OR MECHANICAL EQUIPMENT THAT WOULD CHANGE THE FIRE RATING OF THE STRUCTURE? IF YES, PLEASE EXPLAIN: \_\_\_\_\_

WILL THE PROPOSED USE REQUIRE ANY INTERIOR MODIFICATIONS TO THE STRUCTURE? IF YES, PLEASE EXPLAIN: \_\_\_\_\_

WILL THE PROPOSED USE REQUIRE EMPLOYEES? IF SO, NUMBER OF EMPLOYEES AND HOURS OF EACH \_\_\_\_\_

**THE FOLLOWING MUST BE PROVIDED WITH APPLICATION:**

1. One sketch plan, drawn to scale, showing property lines; building footprints; sidewalks, driveways, and parking areas; the location of the well and septic system; location of proposed activity on the property; and other salient features. Include current survey, if available.
2. Copies of any required state licenses.
3. Plan of any proposed signage, dimensions and location.
4. Non-Refundable Fee: \$1000.00 If actual cost of review for permit exceeds \$1000.00 the applicant agrees to cover the additional cost by increasing fee by \$500.00 increments. Any amount in excess of \$1000.00 unused by the Township in review of application will be returned to the applicant once a final accounting has been done.

**PLEASE NOTE:**

The applicant or a designated representative must be present at all scheduled review meetings or the Home-Based Business review will be tabled due to a lack of representation.

Additional permits and inspections may be required before issuance of a home-based business permit.

FAILURE TO PROVIDE TRUE AND ACCURATE INFORMATION ON THIS APPLICATION SHALL CONSTITUTE SUFFICIENT GROUNDS TO DENY APPLICATION.

**APPLICANT’S ENDORSEMENT:**

All of the information contained herein is true and accurate to the best of my knowledge. I understand that the Planning Commission and Township Board will not review my application unless all information in this application and the Zoning Ordinance has been submitted.

\_\_\_\_\_  
Signature of applicant(s) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of property owner(s) \_\_\_\_\_  
Date

IF JOINTLY OWNED, SIGNATURES OF ALL OWNERS (HUSBAND, WIFE, ETC.) ARE REQUIRED.

PLANNING COMMISSION RECOMMENDATION _____	DATE _____
TOWNSHIP BOARD ACTION _____	DATE _____
APPLICANT NOTIFIED OF DECISION _____	DATE _____
AUTHORIZED SIGNATURE _____	DATE _____