

**Portland Township
Ionia County**

**Portland Township Home Based Business Application
(Special Use Permit)**

This application must be completed in full and approved by the Township Planning Commission before beginning any business, construction, excavation or use regulated by the Portland Township Zoning Ordinance.

Proposed Business Type

Property Information

Address _____

Parcel Number **34-140-**_____

Legal Description (may attach copy)

Applicant Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone Numbers (____) _____ (____) _____ (____) _____

Property Owner Information (if different from applicant)

Name _____

Address _____

City _____ State _____ Zip _____

Phone Numbers (____) _____ (____) _____ (____) _____

Affidavit

I certify and affirm that I am either the tenant or the property or building owner and that I agree to conform to applicable zoning laws of Portland Township. I also certify and affirm that this application is accurate and complete to the best of my knowledge. I hereby give permission for Township representatives to visit this location. I have read and will abide by the home based business regulations.

Applicant Signature _____ Date _____

Property Owner Signature _____ Date _____

Home Occupation Application (page 2)

Present Zoning District

Present Use of the Property

Site Plan

Include a site plan showing the dwelling and any existing structures or the proposed location of any new construction or additions. Show where off street parking and size will be located. Sketch size, number and type of proposed outdoor business items. Sketch your home floor plan (and accessory building if applicable) and show square footage of area devoted to the home based business. If adding a sign, draw sketch of it with size, height and location.

Employees

Number of people working at the home occupation living at the home _____

Hours of Operation

Describe hours you are open for business _____

Waste Materials

Describe type of waste materials and disposal methods _____

Impacts on Area

Describe any anticipated levels of noise, odor, glare, dust, fumes and method of lessening impact

Traffic Levels

Describe anticipated customer or delivery traffic volumes per day _____

Other Information

Describe any other additional information that is pertinent to your business proposal _____

Zoning Administrator Use

Received date _____

Fee paid _____

Public hearing date _____

Application Approved _____ Date _____

Conditions of Approval _____

Application Denied _____ Date _____

Reason for Denial _____

Zoning Administrator Signature _____ Date _____