

**PETITION FOR HOME OCCUPATION  
CHARTER TOWNSHIP OF FLUSHING**

**PARCEL NO.** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**FEE:** \_\_\_\_\_ **PAID:** \_\_\_\_\_

**TO: PLANNING COMMISSION FOR THE CHARTER TOWNSHIP OF  
FLUSHING, GENESEE, MICHIGAN**

We the owners, contract purchasers, optionees and leaseholders hereinafter described property, do hereby petition your honorable body for a Home Occupation Permit.

**FOR THE PURPOSE OF:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LOCATED AT:** \_\_\_\_\_  
(Address of property requesting home occupation)

**ALL OWNERS, CONTRACT PURCHASERS, OPTIONEES AND LESSERS  
SIGN HERE:**

\_\_\_\_\_  
\_\_\_\_\_

**Current Zoning of Property:** \_\_\_\_\_

**Property Class:**  Residential  Agricultural  Commercial  Industrial

**SEC. 4.10 HOME OCCUPATION:** A Home Occupation may be permitted within a single-family residential dwelling subject to the following conditions.

1. Yes: \_\_\_ No: \_\_\_ Will there be more than twenty-five (25%) percent of the floor area used for the purpose of the home occupation?
2. Yes: \_\_\_ No: \_\_\_ Will there be any change in the outside appearance of the structure or premises?
3. Yes: \_\_\_ No: \_\_\_ Will there be a sign that exceeds more than two (2) square feet in area?
4. Yes: \_\_\_ No: \_\_\_ Will the sign be non- illuminated?
5. Yes: \_\_\_ No: \_\_\_ Will the sign be mounted flat against the wall of the dwelling?

6. Yes: \_\_\_ No: \_\_\_ Will the home occupation be conducted in any accessory structure?
7. Yes: \_\_\_ No: \_\_\_ Will there be any goods sold that are manufactured elsewhere in connection with such home occupation?
8. Yes: \_\_\_ No: \_\_\_ Will there be traffic generated in greater volumes than would normally be expected in a residential neighborhood.
9. Yes: \_\_\_ No: \_\_\_ Will there be any need of additional parking other than what you have at this time?
10. Yes: \_\_\_ No: \_\_\_ Will there be equipment or process used which creates noise, vibration, glare, fumes, odors, or electrical interference detectable to the normal senses of persons off the lot?
11. Yes: \_\_\_ No: \_\_\_ Will the home occupation be carried on by a member or members of the family residing on the premises?
12. Yes: \_\_\_ No: \_\_\_ Will there be over one (1) employee who does not reside on the premises?

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant