

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

PARCEL NO. _____ **PHONE NUMBER:** _____

FEE: _____ **PAID:** _____

TO: THE CHARTER TOWNSHIP OF FLUSHING, GENESEE, MICHIGAN

We the owners, contract purchasers, optionees and leaseholders hereinafter described property, do hereby petition 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:

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?
13. Yes: ___ No: ___ Will this facility be used for Patient/Caregiver growing of Marijuana?
14. Yes: ___ No: ___ Are you licensed by the State of Michigan as a care giver?
15. Yes: ___ No: ___ Is this your principal residence?
16. Yes: ___ No: ___ Will the marijuana be kept in an enclosed, locked facility?
17. Yes: ___ No: ___ Have you obtained all the required building and electrical permits?
18. Yes: ___ No: ___ Will you be using any attached or unattached accessory structures?
19. Yes: ___ No: ___ Are you in Compliance with MCL 333.26421 and meet the rules established by Marijuana Regulatory Agency?

Signature of Applicant

Date