



Township of Spring Application for Home Occupation

Applicant(s)

Name _____

Address _____

Telephone _____

Property Location _____

Tax Parcel Identification Number _____

Approximate Parcel Size _____ acres

Describe all activities involved in the proposed business: _____

List all materials proposed to be used in the home business: _____

List all machinery and equipment proposed to be used in the business: _____

Describe the existing buildings: _____

Size of the principle dwelling: _____ square feet

Portion of the residence to be used for business use: _____ square feet

Portion of accessory building to be used for business use: _____ square feet

How much additional vehicular traffic will be generated by the business: _____

Will the home occupation serve patrons or attract customers, clients, or students to the property?
yes no

How many off street parking spaces will be provided and used solely for the business: _____

Will there be an outside advertising sign larger than 2 square feet? yes no

Will the home occupation be conducted entirely within the principal residence?

yes no

Will the home occupation be conducted entirely within an accessory building?

yes no

Will the home occupation be secondary or incidental to the residential use of the property?

yes no

Will the owner / proprietor of the home occupation be a resident of the property?

yes no

Will there be more than one person, whether paid or unpaid, employed by the practitioner of the occupation to provide secretarial, clerical, or other similar assistance?

yes no

Will the home occupation display any products within view of adjoining properties or streets?

yes no

Will all of the goods available for retail sale, except those accessory to the home occupation, be produced upon the premises?

yes no

Will there be any storage of product, materials, or equipment related to the home occupation in any place except a fully enclosed building?

yes no

Will the home occupation generate or discharge to a sewer system any waste water or effluent?

yes no

Will the home occupation involve the use of explosive, flammable, caustic, hazardous or potentially dangerous materials?

yes no

Will the home occupation create any noise, odor, dust, vibration, electromagnetic interference, smoke, heat, or glare perceptible at or beyond the property boundaries

yes no

Please discuss any special circumstances. If necessary, attach a plot plan showing all structures, parking, driveway, etc:

By signing below and submitting the application for home occupation, the Applicant(s) certify:

That all the information and statements on the attached application and any documents or plans filed in this manner are true and correct to the best of the applicant's knowledge, information, and belief and the applicant(s) will comply with the conditions of the Spring Township Zoning Ordinance.

Date: _____