



SOUTH LYON, MICHIGAN HOME OCCUPATION PERMIT APPLICATION

Applicant Name _____

Street Address _____

City _____ Zip Code _____

Home Phone _____ Home Office Phone _____

Email address _____

Business Name _____

Your Title _____

Proposed Home Occupation _____

Indicate where inside the home the active home occupation will be conducted (e.g., 1st floor, 2nd floor or basement)? _____

What is the total floor area that will be used for the active home occupation? (Attach a sketch of the floor or basement and area used for the active home occupation). _____

Will an attached/detached accessory building be used for storage purposes? ___Yes ___No. If yes, please describe and indicate the total area of the accessory building and the amount of floor area used for storage (attach a sketch of accessory building and area used for storage): _____

Will the home occupation require any changes to the structure or property? ___Yes ___No. If yes, describe all changes (e.g., sink, electrical outlets, walls, demolition, etc): _____

Will persons other than the full-time occupant(s) of the dwelling be involved with the active home occupation? ___Yes ___No. If yes, please indicate the number of additional persons involved _____

How many parking spaces are located on the property? _____

Will the home occupation generate additional vehicular traffic (e.g. customers or deliveries)?
___Yes ___No. If yes, please describe and indicate the approximate number of vehicles per
day: _____

Will the home-based business generate any noise, odors, dust, fumes, smoke, glare or other
nuisances that would impact surrounding property owners? ___Yes ___No. If yes, please
explain. _____

Will a sign intended to advertise the business be installed? ___Yes ___No. If yes, please
indicate the size (maximum six square feet) and the wall where the sign will be attached.

Will any products or goods incidental to the service provided be sold from your home? ___Yes
___No. If yes, please describe type of products or goods and where they will be stored.

If more information describing the home occupation needs to be provided, attach additional
page(s).

Please read the home occupation permit guidelines and the limitations contained in Chapter 102 Article VI
Division 2 Section 102-202. After completing the above application, submitting a floor plan of the residence
showing the area used for the proposed business and agreeing to the limitations, please sign and date the
Certification and **return it** to the Community Development Director at the address listed below.

CERTIFICATION

**I certify that I have read and understand each of the Home Occupation Permit
limitations and I will comply with all limitations.**

Signature of Applicant

Date

Apply in person or by mail to: Department of Planning and Zoning
Community Development Director
335 S. Warren
South Lyon, MI 48178

Phone number: (248) 437-1735

Office hours: 8:30 a.m. to 5:00 p.m., Monday through Friday

Approval of your application is contingent upon all required information being provided and the stated use allowed. Permission is not transferable to any other resident, address, or occupation. Violation of any of these limitations may be cause for revocation of this approval.

FOR OFFICE USE ONLY:

Date: _____

City Clerk

: _____

APPROVED [] DENIED []

10/2015