

**CHARTER TOWNSHIP OF FILER  
2505 FILER CITY ROAD  
MANISTEE, MI 49660  
231-723-3138 PHONE ♦ 231-723-3191 FAX**

**APPLICATION FOR GAINFUL HOME OCCUPATION  
31.10.1080 of the Township of Filer Codified Ordinance**

Name of applicant: \_\_\_\_\_

1. Describe the "home occupation" in which you wish to engage: \_\_\_\_\_

2. Business name to be used: \_\_\_\_\_

3. Street address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Circle one	This is a single family home, which I	own
	This is a single family home, which I	rent
	This is an apartment, which I	rent
	This is a condominium, which I	own
	This is a condominium, which I	rent

Permanent Parcel number: \_\_\_\_\_ Existing Zoning: \_\_\_\_\_

4. Name of property owner (if different): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

As property owner I know about the proposed business, and hereby authorize the above applicant to submit this application.

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

5. Opening date for business: \_\_\_\_\_

6. What materials, stock or equipment will be kept at the above address and used for this business?

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

7. What type of solvents, paints, corrosives or other hazardous chemicals will be used in conjunction with this business? \_\_\_\_\_

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

8. How many members of your family or household will assist you in this business? \_\_\_\_\_

Describe their services or responsibilities and hours: \_\_\_\_\_

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

9. How many people will visit this site each week to deliver or collect items associated with this business? \_\_\_\_\_

10. Will the sale of goods or services occur at this address? Yes No

If yes, please describe: \_\_\_\_\_

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

11. Will there be a vehicle that is instrumental in the business? Yes No

If yes, please explain \_\_\_\_\_

What type of vehicle will be used? \_\_\_\_\_

12. Where will this vehicle be parked during the day? \_\_\_\_\_

13. Where will this vehicle be parked during the night? \_\_\_\_\_

14. Do you understand the Codified Ordinance Section 31.10.1080, and do you undertake to abide by them? Yes No

I hereby certify under penalty of perjury that the information given herein is true and correct to the best of my knowledge.

(I either own this property or have the owner's permission to ask for action on this property). It is the applicant's responsibility to meet the requirements of the Township Zoning Ordinance in all respects. Copies of the ordinance may be obtained. Ordinance provisions may change through a Public Hearing process and all home occupations must conform to any changes in the ordinance provisions. I understand this application is not transferable.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$100.00 Non-refundable fee due with application.

Amount paid \_\_\_\_\_ Date \_\_\_\_\_

Public Hearing Date \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_  
Planning Commission Chair Date

- Zoning File – Original
- Applicant – Copy
- Planning Comm. – Copy
- Parcel Card File - Copy