

**CITY OF COOPERSVILLE
289 DANFORTH STREET
COOPERSVILLE, MI 49404
616-997-9731 VOICE ♦ 616-997-6679 FAX**

**APPLICATION FOR GAINFUL HOME OCCUPATION
SECTION 1250.04(d)(e) OF THE CITY OF COOPERSVILLE 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 the 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. Will any outdoor areas or covered parking areas be used for this business? Yes No

If yes, describe the outdoor areas or covered parking areas to be used: _____

9. How many members of your family or household will assist you in this business? _____

Describe their services or responsibilities and hours: _____

10. Will a non-family member participate in this business? Yes No

If yes, describe his/her services, responsibilities and hours: _____

11. How many people will visit this site each week to deliver or collect items associated with this business? _____

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

If yes, please describe: _____

13. How many vehicles will be used by the business? _____

How many of these vehicles will be kept at this address? _____

What type of vehicles will be used? _____ Number of cars _____

Number of pickup trucks _____ Anything larger, please describe _____

14. Where will each of these vehicles be parked during the day? _____

15. Where will each of these vehicles be parked during the night? _____

16. Where on-site will your employee's vehicles be parked? _____

17. Will any signs be displayed to identify the location of this business? Yes No

18. Do you understand the requirements of the Codified Ordinance Section 1250.04(d)(e), 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.

Applicant's signature: _____ Date: _____

(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 City Zoning Ordinance and Building Codes in all respects. Copies of the Ordinance may be obtained.

FOR OFFICE USE ONLY

Date application was filed: _____ **Approved** ____ **Denied** ____ **Permit issued:** _____

Conditions of approval (if any): _____

Planning Director signature: _____ **Date:** _____