



# Keene Township

8505 Potters Road  
Saranac, Michigan 48881  
(616) 642-9809  
Ionia County

## Keene Township Home Occupation Application

This application must be completed in full and approved by the Township Zoning Administrator before beginning any business, construction, excavation or use regulated by the Keene Township Zoning Ordinance. Fee: \$50.00

### Proposed Business Type

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

### Property Information

Address \_\_\_\_\_

Parcel Number **34-070-**\_\_\_\_\_

Legal Description (may attach copy)

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

### Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

### Property Owner Information (if different from applicant)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

### Affidavit

I certify and affirm that I am either the tenant or the property or building owner and that I agree to conform to applicable zoning laws of Keene Township. I also certify and affirm that this application is accurate and complete to the best of my knowledge. I hereby give permission for Township representatives to visit this location. I have read and will abide by the home occupation regulations.  
Application fee is \$50.00.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

# Home Occupation Application (page 2)

## Present Zoning District

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## Present Use of the Property

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## Site Plan

Include a site plan showing the dwelling and any existing structures or the proposed location of any new construction or additions. Show where off street parking and size will be located. Sketch your home floor plan (and accessory building if applicable) and show square footage of area devoted to the home occupation. If adding a sign, draw sketch of it with size, height and location.

## Employees

Number of people working at the home occupation living at the home \_\_\_\_\_

Number of people working at the home occupation not living at the home \_\_\_\_\_ (maximum 1)

## Business Name

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## Zoning Administrator Use

Received date \_\_\_\_\_

Application Approved \_\_\_\_\_ Date \_\_\_\_\_

Conditions of Approval \_\_\_\_\_

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Application Denied \_\_\_\_\_ Date \_\_\_\_\_

Reason for Denial \_\_\_\_\_

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Zoning Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_