

TOWNSHIP OF SAUGATUCK

3461 Blue Star Highway
Saugatuck, Michigan 49453
Phone-269/857-7721
Fax-269/857-4542

Annual Home Occupation Permit Application

Date: _____

Applicants Name: _____

Applicants Residence: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Drivers License #: _____

Name of Occupation: _____

Parcel #: 0320- _____

Authority to grant a Home Occupation is established in Section 40-642 of the Saugatuck Township Zoning Ordinance. By signing below, applicant acknowledges receipt of Section 40-642 and understands and agrees to the limitations as described herein and by the terms and conditions of the Zoning Ordinance.

Applicant's Signature: _____

Disposition by Zoning Administrator

Permit #: _____

I hereby _____ approve _____ deny _____ terminate (cross the ones that do not apply) the Home Occupation of _____, known as _____ and located on the premises at _____ and owned by _____.

This Home Occupation Permit is effective for one year: date issued _____ and expires on _____, provided that all provisions of the Saugatuck Township Zoning Ordinance are met.

Permit fee of \$ _____ is hereby received and acknowledged. In the event of non-compliance as determined by the Zoning Administrator, the Home Occupation will be immediately terminated. Occupations will be renewed if compliance is ongoing and annual fee is paid.

Signed: _____ Date: _____
Saugatuck Township Zoning Administrator