



SAUGATUCK TOWNSHIP

WWW.SAUGATUCKTOWNSHIP.ORG

3461 BLUE STAR HIGHWAY
P.O. BOX 100
SAUGATUCK, MI 49453

PHONE (269) 857-7721
FAX (269) 857-4542

Annual Home Occupation Permit Application

Date: _____

Applicants Name: _____

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

Telephone: _____

Driver's 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 40642 and understands and agrees to the limitations as described herein and by the terms and conditions of the Zoning Ordinance.

Applicant's Signature: _____

Deposition 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 from 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