



DEPARTMENT OF PLANNING AND  
COMMUNITY DEVELOPMENT

**HOME OCCUPATION REGISTRATION APPLICATION**

(\*FLOORPLAN REQUIRED\*) APPLICATION FEE (non-refundable \$150.00) \_\_\_\_\_  
YEARLY RENEWAL FEE (non-refundable \$75.00) \_\_\_\_\_

BUSINESS NAME (DBA): \_\_\_\_\_  
(Name Doing Business Under)

BUSINESS WEBSITE ADDRESS (IF APPLICABLE): \_\_\_\_\_

BUSINESS OWNER/APPLICANT NAME: \_\_\_\_\_

BUSINESS STREET ADDRESS: \_\_\_\_\_

APPLICANT PHONE NUMBER: \_\_\_\_\_

APPLICANT EMAIL: \_\_\_\_\_

TYPE OF BUSINESS (EXAMPLES: Tax Preparation, Sales, etc.): \_\_\_\_\_

PROPERTY OWNER NAME (IF DIFFERENT THAN ABOVE): \_\_\_\_\_

PROPERTY OWNER STREET ADDRESS (IF DIFFERENT THAN ABOVE): \_\_\_\_\_

PROPERTY OWNER PHONE NUMBER (IF DIFFERENT THAN ABOVE): \_\_\_\_\_

X \_\_\_\_\_  
APPLICANT SIGNATURE

DATE: \_\_\_\_\_

X \_\_\_\_\_  
PROPERTY OWNER SIGNATURE

DATE: \_\_\_\_\_

*\*SOME HOME OCCUPATIONS, SUCH AS MASSAGE THERAPY, ALSO REQUIRE A LICENSE FROM THE CITY CLERK'S OFFICE.\**

**\*PLEASE INITIAL HERE \_\_\_\_\_ TO ACKNOWLEDGE THAT YOU RECEIVED A COPY OF THE HOME OCCUPATIONS ORDINANCE (SECTION 34-4.15 OF THE ZONING ORDINANCE) AND, IF APPLICABLE, A COPY OF CHAPTER 16 OF THE CITY CODE OF ORDINANCES.\***

Administration  
248.871.2550  
248.871.2521 Fax

Building Division  
248.871.2450  
248.871.2451 Fax

Community Development  
248.871.2549  
248.871.2521 Fax

Planning Office  
248.871.2540  
248.871.2521 Fax

Zoning and Code Enforcement  
248.871.2520  
248.871.2521 Fax

## HOME OCCUPATION CHECKLIST

Section 34-4.15 of the Zoning Ordinance permits home occupations within single-family residential zoning districts provided that the conditions of that Section and any other applicable ordinances and/or codes are met. PLEASE FULLY ANSWER EACH QUESTION BELOW.

1. WAS A FLOORPLAN SUBMITTED ALONG WITH THE APPLICATION?  
**YES** \_\_\_ **NO** \_\_\_
2. WILL THE HOME OCCUPATION BE CONDUCTED SO AS NOT TO BE NOTICIBLE FROM THE EXTERIOR OF THE DWELLING? **YES** \_\_\_ **NO** \_\_\_
3. WILL THERE BE SIGNS ON THE PROPERTY ASSOCIATED WITH THE HOME OCCUPATION? **YES** \_\_\_ **NO** \_\_\_
4. WHAT ARE THE HOURS OF OPERATION? \_\_\_\_\_
5. WILL THE HOME OCCUPATION SERVICE MORE THAN ONE (1) CLIENT OR CUSTOMER AT A TIME ON THE PREMISES? **YES** \_\_\_ **NO** \_\_\_
6. ARE THERE EMPLOYEES OF THE BUSINESS, OTHER THAN RESIDENTS OF THE DWELLING UNIT, LOCATED ON THE PREMISES? **YES** \_\_\_ **NO** \_\_\_
7. ARE THERE VEHICLES OWNED OR OPERATED BY EMPLOYEES OTHER THAN RESIDENTS OF THE DWELLING UNIT PARKED ON OR NEAR THE PREMISES? **YES** \_\_\_ **NO** \_\_\_
8. DOES THE TOTAL AREA OF ALL BUILDINGS USED FOR THE HOME OCCUPATION, INCLUDING STORAGE OF MATERIALS, SUPPLIES, ETC., EQUAL MORE THAN FIFTEEN (15) PERCENT OF THE FLOOR AREA OF THE DWELLING UNIT? **YES** \_\_\_ **NO** \_\_\_
9. DOES THE HOME OCCUPATION USE OR STORE ANY FLAMABLE OR HAZARDOUS MATERIALS? **YES** \_\_\_ **NO** \_\_\_ (\*If yes, please provide list and location of such materials in a separate attachment\*)

10. IF APPLICABLE, HAS APPLICANT SECURED PERMISSION FROM THE HOMEOWNER'S ASSOCIATION OR INSURANCE COMPANY? **YES** \_\_\_ **NO** \_\_\_

Registration is issued upon the condition that the subject property follow fire prevention regulations upon inspection. If not in compliance with such regulations, registration shall only be issued following the approval of the Fire Marshall or his/her designee.

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### **INTERNAL USE ONLY:**

ZONING APPROVAL: YES \_\_\_ NO \_\_\_

SIGNATURE OF ZONING OFFICIAL: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

FIRE DEPARTMENT APPROVAL (IF APPLICABLE): YES \_\_\_ NO \_\_\_