

THE PROGRESSIVE CITY



CITY OF KINGSFORD

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APPLICATION FOR HOME OCCUPATION

1. Name _____
Address _____ City _____ St _____ Zip _____
Phone No. _____ Email _____
2. Address where Home Occupation is to be Conducted (if different from above): _____

3. Purpose of Home Occupation: _____

4. Please provide Name and Address of any Participants/Employees at Home Occupation (if applicable):

5. All Materials/Supplies Utilized for Home Occupation: _____

6. Will Signage be posted? _____yes / _____no
If yes, note Location and Dimensions of Sign: _____
7. Describe the Outside Entrance used for Home Occupation: _____

8. Provide the following information pertaining to the Building where Home Occupation is/will be Conducted:

- a. Dimensions of Building: _____
- b. Number of Floors (Including Basement): _____
- c. Area within Building where Home Occupation will be Conducted:

- d. Dimensions of the area being utilized for Home Occupation: _____
- e. Customer Parking:
 - i. Location: _____
 - ii. Average Number of Customers at Home Occupation Site per day/week:

Signature of Applicant: _____ Date: _____

Printed Name: _____

Internal use only:

Date Submitted: _____ Date of Scheduled Public Hearing: _____ Date Approved: _____

Notices Paid: _____ Advertising of Public Hearing- ____yes / ____no Mailing of Notifications - ____yes / ____no