



## Home Occupation Permit Form

Home occupations must be authorized by the Zoning Administrator and are subject to application, inspection and inspection fees by the City's Building Inspector.

**This form is to be completed by the owner of the address seeking the Home Occupation Permit. Each application must be submitted with a Zoning Permit.**

Please check the appropriate box:

- Home Occupation       Medical Marijuana

### A. Applicant Information:

Applicant Name: \_\_\_\_\_

Applicant Phone Number: ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_     Home     Work     Mobile

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Street Address of the Home Occupation: \_\_\_\_\_

Product/Service to be provided: \_\_\_\_\_

***Please provide an accurate drawing illustrating the property, the dwelling on the property, the dimensions and square footage of the dwelling, the dimensions and square footage within the dwelling to be devoted to the home occupation and the area proposed for on-site parking.***

***Home occupations must meet and be continually compliant with the standards of Section 40-161 of the City of Cedar Springs' Zoning Code of Ordinances.***

Please select the Zoning District in which the Home Occupation will be located:

<input type="checkbox"/> RR (Rural Residential)
<input type="checkbox"/> R-1 (Single Family Residential)
<input type="checkbox"/> R-2 (Single & Two Family Residential)
<input type="checkbox"/> R-3 (Multiple Family Residential)
<input type="checkbox"/> R-4 (Mobile Home Residential)
<input type="checkbox"/> MU (Mixed Use)

## B. Fees and Inspections

Every person filing for a Home Occupation and Medical Marijuana Home Occupation Permit shall pay a registration and processing fee currently set at \$50.00. This fee may change as it is established from time to time by resolution of the City Council. In addition, any person filing a Medical Marijuana Registration Form shall pay an additional fee for a building inspection. Where multiple inspections or re-inspections are required to ascertain compliance with applicable codes or where inspection appointments are made and missed by the registrant, additional inspection fees may be imposed.

- *Property owners are encouraged to contact PCI at 800-628-3335 to obtain a list of requirements prior to scheduling an inspection. It is in the property owner's best interest to pass the inspection the first time.*
- *Property owners are also encouraged to obtain copies of the City's parking requirements in order to preclude any zoning issues.*
- *Copies of the ordinances are available in their entirety by contacting City Hall or on the City's website: [www.cityofcedarsprings.org](http://www.cityofcedarsprings.org)*

***Please read before signing:***

**I do hereby swear that the information provided on this application is true, accurate and complete and I agree to comply with the requirements and permit the inspection of my dwelling required under Section 40-461 of the City's Zoning Code of Ordinances.**

Signature of Owner: \_\_\_\_\_ Date Signed: \_\_\_/\_\_\_/\_\_\_

***Violations of this ordinance shall be a municipal civil infraction.***

**\$50.00 application fee for a Home Occupation Permit.**



**Register Imprint**

**To be completed by the City:**

Is this occupation allowed in this zoning district?  Yes  No

Has an accurate drawing illustrating the property, the dwelling on the property, the dimensions and square footage of the dwelling, the dimensions and square footage within the dwelling to be devoted to the home occupation and the area proposed for on-site parking been submitted?  Yes  No

Will the Home Occupation be located entirely within the main building and not in any accessory building?  Yes  No

Is the Home Occupation clearly incidental and subordinate to its use for residential purposes?  Yes  No

Will the Home Occupation increase traffic, create fire or safety hazards, noise, dirt, odor, dust, gas, glare, fumes, vibration or other nuisance elements?  Yes  No

**In addition, the following must be addressed to issue a Medical Marijuana Home Occupation Permit:**

Is the property located outside of a 1,000-foot radius from any school or library? (see attached map)  Yes  No

Has the applicant paid the appropriate application fee?  Yes  No

Will the medical marijuana be contained within the main building in an enclosed, locked facility inaccessible on all sides and equipped with locks or other security devices that permit access only by the registered primary caregiver or qualifying patient?  Yes  No

\_\_\_\_\_ / /

Zoning Administrator's Signature Date Signed

\_\_\_\_\_ / /

Police Chief's Signature Date Signed

\_\_\_\_\_ / /

Copy to City Assessor:  Yes  No

**To be completed by Building Inspector:**

Date of Building Inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Building Inspector: \_\_\_\_\_

Violations:        Yes        No

If yes, list the violations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Notice to Owner: \_\_\_\_\_

Date of Re-inspection: \_\_\_\_\_

Date Corrections Made: \_\_\_\_\_