



WEBSTER TOWNSHIP

Application Fee: \$100

Fee Paid: _____

Date: _____

HOME BASED OCCUPATION LICENSE APPLICATION

Applicant(s):

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone /Facsimile # _____

E-mail Address _____

Property Titleholder(s):

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone /Facsimile # _____

E-mail Address _____

Business Owner/Manager(s):

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone /Facsimile # _____

E-mail Address _____

Name of all person(s) residing on property:

Name of all non-resident employee(s):

Street Address of Home Based Occupation Location:

Zoning Classification: _____ Property Size _____ Acres



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Name & Address of Owners & Residents within 300' of Subject Property

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business Characteristics:

Will an accessory structure be used in conjunction with the proposed Home Based Occupation?
_____ Yes _____ No

Percentage of dwelling unit to be used for the Home Based Occupation: _____%

Approximate Distance between location of structures where business activity will be conducted and the closest dwelling unit on abutting lands: _____

Detailed Description of Business Activity (i.e. goods and/or services provided):

State any request for a variance, reasons for the variance, and its effect on the standards:

SIGNATURE: _____ DATE: _____