



**HOME OCCUPATION
APPLICATION**

(Please Complete Entirely
Type or Legible Print)

Applicant Information			
Name:		Business Name:	
Address:			
City:	State:	ZIP:	
Phone:	Cell:	Email:	
Description of Services/Products:			
Hours of Operation:			
Fee: \$25.00		Zoning District:	

Property Owner Information <i>(If the owner is the applicant, please leave blank)</i>			
Owner Name:		Contact Person:	
Address:			
City:	State:	ZIP:	
Phone:	Cell:	Email:	


Home Occupation Requirements
<p><u>PLEASE READ AND CHECK THE BOX(S) THAT YOU UNDERSTAND EACH REQUIREMENT:</u></p> <ul style="list-style-type: none"> • <input type="checkbox"/> Home occupations shall be conducted entirely within the dwelling unit • <input type="checkbox"/> Home occupations shall not change the character of the residential use and shall not adversely affect the uses permitted in the residential district of which they are a part. • <input type="checkbox"/> The nature of home occupation as an accessory use relative to its location and conduct of activity is such that the average neighbor, under normal circumstances, would not be aware of its existence. • <input type="checkbox"/> Any home occupation activities on the property shall be conducted only by persons residing in the dwelling unit and up to one additional employee who does not have to reside in the dwelling. Such employee shall work in the dwelling. • <input type="checkbox"/> No building or structure shall be used to operate a business, store equipment or supplies used for a business, or serve as a location where employees meet or park prior to going to work off-site but where such employees do not work anywhere on the property. • <input type="checkbox"/> The maximum floor area the use may cover shall not exceed 20 percent of the total floor area of the dwelling unit. • <input type="checkbox"/> Home occupations which provide a service shall not have more than two customers (including those arriving and waiting for service) at any one time. • <input type="checkbox"/> The storage of all equipment, machinery, supplies, materials, files, and the like, shall be stored completely within the residence or accessory buildings. • <input type="checkbox"/> Any need for parking generated by the conduct of such home occupation shall be accommodated on off-street parking spaces or areas that are paved for the purpose of parking. • <input type="checkbox"/> No traffic shall be generated by such home occupation in greater volume than is normally expected for the residential neighborhood

The following are examples of permitted types of home occupations, all other types of home occupations shall be prohibited:

- Clerical and other similar business services;
- Instruction in music, dance or other types of teaching with a maximum number of two students at a time;
- The office of a professional accountant, attorney, broker, consultant, insurance agent, realtor, architect, engineer, sales representative, and similar office-oriented occupations;
- Artists, sculptors, photographers, and other providers of home crafts;
- Barber shop/beauty salon with a maximum of one chair;
- Workshops for a tailor, dressmaker, gunsmiths, repair services, and artisans;
- Caterers with no on-site catering;
- A licensed massage therapist who provides massage therapy for a maximum of one client at any given time or;
- Any similar use as determined by the Zoning Inspector.

Applicant Signature

The undersigned hereby certifies that the information in and with this application is true and accurate, and consents to agents of the township entering the premises for inspection and verification of information submitted, as applicable; and if a permit is issued, to verify conformance to requirements and conditions of issuance.

 **Signature of Applicant:** _____ **Date:** _____

Notarized Permission from Property Owner:

Property Owner Signature: _____ **Date:** _____

Please Print Name: _____

Notarize

State of _____

County of _____

The Foregoing instrument was acknowledged before me on the ____ day of _____, 20____

By _____
Name of person acknowledging

[Notary Seal and Required Commission Information]

Signature of Notary Public

My Commission Expires _____

Incomplete applications will not be processed.

Forms of Payment Accepted:

- Exact Cash
- Check (Make payable to 'Boardman Township')
- Credit Cards (A convenience fee will apply)

Mail completed applications to:

Boardman Township Zoning Department
Attn: Permits
8299 Market Street
Boardman, Ohio 44512

Email completed applications to:

TJ Keiran
tkeiran@boardmantwp.com