



# Lyndon Township

*of Washtenaw County*

## Home Occupation Application

Zoning Department  
17751 N. Territorial Road, Chelsea,  
Michigan 48118  
Phone (734) 475-2401  
Fax (734) 475-2251  
ordinanceatlyndon@gmail.com  
www.two-lyndon.org

*Please type or write legibly in ink. Attach additional numbered pages if more space is needed. All information provided becomes public record upon submission.*

**Please review the Home Occupation section 3.22 of the Lyndon Township Zoning Ordinance**

**1. Applicant information:**

Applicant name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Business \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Owner of property if different from Applicant \_\_\_\_\_

Owner's address \_\_\_\_\_

Phone: Business \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Property owner's signature \_\_\_\_\_

**2. Property information:**

Parcel ID number E-05- \_\_\_\_\_ Current zoning classification \_\_\_\_\_

Property address \_\_\_\_\_

Present use of the property \_\_\_\_\_

**3. Home Occupation information:**

General description/type of home occupation \_\_\_\_\_

\_\_\_\_\_

Proposed hours of operation \_\_\_\_\_

YES	NO	Description (YES answers, describe below or on a separate sheet of paper)
		Will there be any retail sales as a result of this home occupation?
		Will the home occupation involve outdoor storage?
		Will signage be needed?
		Will any classes/tours/group activities be held? Describe frequency, length of class/activity, type, number of expected attendees, any other unusual factors.
		Will there be an increase of traffic in/out, deliveries, employees, customers, etc.?
		Will machinery of any kind be used? Describe.

Additional details of the above answers: \_\_\_\_\_

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YES	NO	<b>Lyndon Township Zoning Ordinance regulating Home Occupations</b>
		A. Will persons other than the resident occupants be engaged in the home occupation? If so, how many? _____
		B. Is the use of the dwelling unit for the home occupation clearly incidental and subordinate to its use for residential purposes by its occupants?
		C. Is the home occupation operated in its entirety within the principal dwelling or accessory buildings?
		D. Is the total floor area used by home occupation equal to not more than twenty-five percent (25%) of the usable floor area of the dwelling unit?
		E. Are articles or materials used in connection with the home occupation stored anywhere other than in the main building or accessory building so used?
		F. Are those materials produced on the premises as a result of the home occupation clearly related and incidental to the home occupation?
		G. Is merchandise or articles for sale displayed for advertising purposes?
		H. Is there a sign or device relative to the sale of the merchandise displayed on the premises?
		I. Is the outside appearance of the building or premises changed, or other evidence of the conduct of the home occupation visible other than one (1) sign, not exceeding four (4) square feet in area, non-illuminated, and mounted flat against the wall of the main building?
		J. Is any traffic generated by the home occupation?
		K. Is the traffic generated by the home occupation great enough to cause serious adverse effects within or upon the surrounding neighborhood?
		L. Are parking areas for the home occupation located off the street, and not located in the front yard setback area?
		M. Is there equipment or processes used in the home occupation which create noise, vibration, glare, fumes, odors, or electrical interference detectable off the premises?
		N. Is any equipment or process used which creates visual or audible interference in any radio or television receivers off the premises, or causes fluctuation in line voltage off the premises?

TO THE BEST OF MY KNOWLEDGE, the above statements are true. I understand that approval of this application will no longer be in effect if the property ownership or home occupation undergoes a change. This permit is nontransferable.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

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*FOR OFFICIAL USE ONLY*

Fee \_\_\_\_\_ Check / Cash (circle one) Check # \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_