



HOME OCCUPATION PERMIT

202 West 5th Street, Clare Michigan 48617
(989) 386-7541 phone (989) 386-4508 fax
www.cityofclare.gov

Permit #: _____

Applicant's Name (please print): _____ Date: _____

Address: _____ Phone #: _____

Email: _____ Cell#: _____

Please give a brief description of the nature of the home occupation: _____

	YES	NO
Will the home occupation involve an external structural change in the building?	_____	_____
Will any of your home occupation activities be conducted outside your dwelling or in an accessory building?	_____	_____
Will your home occupation involve the employment of the equivalent of full-time help?	_____	_____
Will your home occupation require on-street parking?	_____	_____
Will your home occupation require the display of a sign?	_____	_____

If you answered **yes** to any of the above questions, please explain below. _____

How many customer will be served at a given time? _____

Describe any external influences that will be created from this home occupation: _____

Applicants signature: _____

Date: _____

City Manager Approval: _____

Date: _____