



HOME OCCUPATION PERMIT APPLICATION

APPLICANT INFORMATION

Permit Fee: \$ _____

Applicant Name: _____

Parcel Number: _____

Physical Address: _____

City _____ State _____ Zip Code _____

Email: _____ Phone: _____

I AM THE: ☐ Owner ☐ Renter

IS THE OWNER AWARE OF THE HOME OCCUPATION IF THE PROPERTY IS RENTED?

☐ Yes ☐ No

Owner Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Email: _____ Phone: _____

HOME OCCUPATION INFORMATION

Business Name: _____

Business License #: _____

Type of Occupation: _____ # of Off Street Parking: _____

Please describe the business or work to be conducted on the premises.

Authority to grant a Home Occupation is outlined in Article 8.140 of the Saugatuck Township Zoning Ordinance ([view Article 8.140](#)). By signing below, the applicant acknowledges receipt of Article 8 and agrees to adhere to its limitations, as well as the terms and conditions specified in the Zoning Ordinance. Home Occupation Permits remain valid until the business ceases, changes occur, or the property is sold.

Applicant Signature _____

Date _____

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APPLICATION UPDATED MAY 2025