



This application for a Zoning Compliance Permit (ZCP) is required as outlined under Section 27.02.A. of the Charter Township of Comstock Zoning Ordinance and filed with the Township’s Zoning Administrator. Each zoning compliance permit shall become null and void within one (1) year following the issuance of the permit unless the provisions of the permit have been utilized or unless re-application is made and approved by the Zoning Administrator.

***PLEASE PROVIDE A COMPLETE APPLICATION, \$25 PERMIT FEE AND ALL NECESSARY SIGNATURES.  
 INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.***

PROJECT/PROPERTY LOCATION INFORMATION		
Street #	Street Name	3907- - - Parcel ID No.

APPLICANT INFORMATION			
<b>APPLICANT IS THE:</b>	<b>Owner</b>	<b>Leasee</b>	<b>Other:</b> _____
Last Name	First Name		Telephone Number
Mailing Address			Cell Number
City, State, Zip		E-mail Address	Facsimile Number
OWNER INFORMATION (if different than applicant)			
Last Name	First Name		Telephone Number
Mailing Address			Cell Number
City, State, Zip		E-mail Address	Facsimile Number

**DESCRIBE THE HOME OCCUPATION**

*Please describe the nature of the business/use, hours of operation, square footage for the occupation in the building(s) (a floor plan will suffice), any outdoor activity anticipated, any exterior changes necessary to the house/garage/yard, etc. for the home occupation.*

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**WHERE**

Will the home occupation be conducted in the house? yes \_\_\_ no \_\_\_  
Will the home occupation be conducted in an attached garage? yes \_\_\_ no \_\_\_  
Will the home occupation be conducted in a detached garage/accessory building? yes \_\_\_ no \_\_\_

**EMPLOYEES**

Will employees report to and/or work out the home? yes \_\_\_ no \_\_\_  
*If yes, does the employee(s) reside in the home as his/her principal residence? yes \_\_\_ no \_\_\_*

**SIGNS**

Will an exterior sign be placed on the property advertising the home occupation? yes \_\_\_ no \_\_\_

**AUTHORITY TO FILE APPLICATION**

I hereby agree to conform to all applicable laws and regulations of Comstock Township, Kalamazoo County and State of Michigan (as may be applicable to my home occupation) and certify that the information provided on this application and accompanying documents is complete, true and accurate to the best of my knowledge.

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF PROPERTY OWNER. If other than property owner, attach authorization form.**

Applicant Signature: \_\_\_\_\_

Date \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_

Date \_\_\_\_\_

