



XENIA TOWNSHIP  
HOME OCCUPATION  
ZONING PERMIT APPLICATION

Date: \_\_\_\_\_ Zoning Permit No.: \_\_\_\_\_ Fee: \$50.00

The application submittal information listed below is hereby submitted to establish a home occupation at:

\_\_\_\_\_  
Address Parcel Number Zoning District

**Application Check List**

Please Note: Incomplete applications will be returned to the applicant for completion.

\_\_\_\_\_ Completed Application Form.

\_\_\_\_\_ Floor plan of entire home, drawn to scale. Designate all area(s) being utilized in connection with your home occupation.

\_\_\_\_\_ If applicable, site plan.

\_\_\_\_\_ If rental property, written permission from the property owner to establish home occupation.

\_\_\_\_\_ Copy of Vendors License, if needed.

\_\_\_\_\_ Copy of approved Building Permit, if needed.

**PROPERTY OWNER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ e-mail: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Cell No. \_\_\_\_\_

**OCCUPANT IF DIFFERENT FROM PROPERTY OWNER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ e-mail: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Cell No. \_\_\_\_\_

**PROPOSED HOME OCCUPATION (Please describe your home business below):**

\_\_\_\_\_  
\_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

NO. OF PARKING SPACES PROVIDED ON SITE: \_\_\_\_\_ NO. OF EMPLOYEES: \_\_\_\_\_

SQUARE FOOTAGE OF AREA TO BE USED FOR HOME OCCUPATION: \_\_\_\_\_

TOTAL SQUARE FOOTAGE OF HOME \_\_\_\_\_

SIGN NOT EXCEEDING 2 SQUARE FEET: \_\_\_\_\_ YES \_\_\_\_\_ NO

Conditions of Approval: A home occupation shall be permitted as an accessory use to a dwelling unit in an R-1, E-3 Residential, or Agriculture Zoning District in accordance with Section 526.

I have read and understand these regulations and agree to comply with these regulations. I certify that all application information is true and correct to the best of my knowledge. I authorize the Xenia Township Zoning Inspector or designated representative to enter upon the above referenced property for the purpose of inspecting and verifying compliance with the provisions. **I also understand any variance from this application, including approved floor plan, shall constitute the revocation of this Permit. A home occupation business may not be started without first obtaining a zoning permit from the Zoning Inspector.**

\_\_\_\_\_  
Applicant or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Inspector

\_\_\_\_\_  
Date Approved/Denied (Circle)