



**HOME OCCUPATION
ZONING CERTIFICATE APPLICATION**

Xenia Township
8 Brush Row Rd., Xenia OH 45385

Phone: 937-372-0859 · Fax: 937-372-3343 · www.xeniatownshipoh.gov

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 1 SQUARE FOOT: _____ 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)

NO REFUND WILL BE ISSUED FOR ANY REASON

