

**PARADISE TOWNSHIP**  
Grand Traverse County  
2300 E. M-113  
Kingsley, MI 49649  
Ph: (231)263-5251 Fax: (231)263-7437

|                                  |                       |
|----------------------------------|-----------------------|
| <b>***For Office Use Only***</b> |                       |
| Parcel No. 28 - 10 -             | _____ - _____ - _____ |
| Home Occ Permit No.              | _____                 |
| Zoning District:                 | _____                 |
| Received By:                     | _____                 |
| Date:                            | _____                 |

**APPLICATION FOR HOME OCCUPATION PERMIT**

*All questions must be answered completely and submitted with the required attachments in order to be processed.*

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

Owner Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Address: \_\_\_\_\_

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Description of project:

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*If any information and/or statements are found at a later date to be false, this permit shall become null and void. In signing this application, you are permitting an authorized representative of Paradise Township to do an onsite inspection(s) of the property.*

*I hereby depose and say under penalties of perjury, that all statements and/or information contained herein or submitted with this application are true.*

**Property Owner or Authorized Agent**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

|                                  |                                |                    |
|----------------------------------|--------------------------------|--------------------|
| <b>***For Office Use Only***</b> |                                |                    |
| Fee \$ _____                     | Date Received: _____           | Received By: _____ |
| <input type="checkbox"/> Cash    | <input type="checkbox"/> Check | Check No. _____    |