



City of Alpena Home Occupation Permit Application

Date: _____

Address of Home Occupation: _____!

Applicant: _____!

Mailing Address of Applicant: _____!

Phone Number: _____!

Description of Home Occupation:

Will business employ persons outside the applicant's immediate family? Yes ____ No ____

Will the business require any alterations to the dwelling? Yes ____ No ____

Will the business produce any goods or products which will be available for sale? Yes ____ No ____

Amount of vehicular traffic to be expected:

1-3 vehicles per day ____

4-6 vehicles per day ____

7-10 vehicles per day ____

Over 10 vehicles per day ____

Square footage of dwelling utilized for business - _____

ATTACH COPY OF ANY STATE, FEDERAL OR LOCAL LICENSE THAT MEY BE REQUIRED

***ATTACH COPY OF SITE PLAN OR DRAW SITE PLAN ON REVERSE*!**

Below this line for office use only