

HOME OCCUPATION STATEMENT FORM

P.O. Box 751 Delaware, Ohio 43015

P: 740-816-6209

<https://co.delaware.oh.us/cities/troy-township-zoning/>

PROPERTY INFORMATION

Property Owner Name(s):

Street #:

Street Name:

City:

State: Ohio

Zip Code: 43015

Phone:

E-Mail Address:

Lot Size (Acres):

Limited

Expanded

OPERATOR'S INFORMATION – if same as owner, check here:

Name:

Street #:

Street Name:

City:

State:

Zip Code:

Phone:

E-Mail Address:

STATEMENT – Please include any additional information with your submission in a separate document, as necessary

By signing this voluntary form, I/We swear and affirm my/our Home Occupation, established on the subject property, is in compliance with Section 8.03F of the Troy Township Zoning Resolution and does not require a Conditional Use permit as otherwise required by Section 8.04 of said Resolution.

Description of Home Occupation:

I/We understand and agree that, if required later, a Conditional Use permit for a Home Occupation shall be applied for in accordance with Section 8.04 of the Troy Township Zoning Resolution. Similarly, I/We understand that should this occupation no longer meet the definition of Home Occupation and/or no longer comply with the aforementioned zoning standards for Home Occupations, it would no longer be permitted and, as such, would cease operation immediately. I/We also understand that submittal of this document is optional and recognize that failure to comply with the Troy Township Zoning Resolution may result in enforcement in accordance with said Resolution.

Printed Name:

Signature:

Date:

PLEASE DO WRITE BELOW THIS LINE – For office use only

Date Received:

Approved By: