

## Springfield Township Application for Home Occupation

Springfield Township Zoning Office  
2459 Canfield Road, Akron, Ohio 44312 • 330-794-0134

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Address of Home Occupation: \_\_\_\_\_

Parcel #: \_\_\_\_\_ Property owner(s): \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

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**Please address the following items and explain, as necessary, how they relate to the proposed Home Occupation. Use separate sheet of paper if extra room is needed.**

1. Describe Home Occupation business. \_\_\_\_\_

2. Do the employees of the Home Occupation work outside of the home and will be using the Home Occupation as an extension of their primary job? \_\_\_\_\_

3. Will any accessory structures be utilized for the Home Occupation? \_\_\_\_\_

4. Will the house still be occupied and used as a residence? \_\_\_\_\_

5. Will you have employees that do not live at the residence? If so, how many? \_\_\_\_\_

6. Will there be any display, storage or stock of goods other than what is produced on the premises? If yes, please explain. \_\_\_\_\_

7. Will there be any retail sales of product that is not produced on site? \_\_\_\_\_

8. How much area (square feet) of the residence will be utilized for the Home Occupation? \_\_\_\_\_

9. Do you have, or plan to have more than one Home Occupation at this site? \_\_\_\_\_

10. Will the employees be picking up or driving vehicles or equipment to and from the site? If yes, please provide a drawing of the lot depicting where storage and parking will take place.

11. What type of equipment will be used in the day-to-day operation of this business? \_\_\_\_\_

12. Will there be traffic to and from the home in addition to what is currently occurring? Explain. \_\_\_\_\_

**Below are some general rules for Home Occupations that will need to be followed:**

1. *There shall be no change to the outside of the building or premises, or other visible exterior changes related to the Home Occupation.*

2. *No equipment or process shall be permitted or used in such Home Occupation that creates a nuisance by reason of noise, odor, dust, vibration, fumes, smoke, electrical interference or other causes, or which is found unsafe by the County Board of Health.*

3. *No equipment or process shall be used that creates visual or audible interference in any radio or television receiver off the premises, or causes fluctuations in line voltage off the premises.*

4. *In no instance is an auto repair business, shop or use permitted in any residential zoning district.*

**The above and/or attached statements are an accurate description of the Home Occupation proposed for the above property.**

\_\_\_\_\_  
Applicant/Property Owner

\_\_\_\_\_  
Date

**For Office Use Only:**

Date received: \_\_\_\_\_ Date of Action: \_\_\_\_\_ Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Approved \_\_\_ Denied \_\_\_ Date of Action: \_\_\_\_\_ Reason for denial: \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator \_\_\_\_\_ Date \_\_\_\_\_