



# PLAIN TOWNSHIP ZONING DEPT

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## Home Occupations

To figure out if your home based business is permitted, or if you will need a Conditional Use Certificate to operate your business, please review the checklist below.

- If you can meet all of the requirements under Section A, you do not need a special permit. You will just need to fill out the attached form.
- If you cannot meet the following requirements, then you will need a Conditional Use permit.

### A. Home Occupations: As a Permitted Use by Right Requiring No Zoning Certificate

A home occupation shall be a permitted accessory use of a single family residence and does not require a zoning certificate provided all of the following requirements are met:

- No internal or external alterations, construction or reconstruction of the premises to accommodate the use shall be permitted.
- No sign shall be permitted.
- There shall be no outside storage of any kind related to the use.
- Service activities such as teaching, tutoring, tax consulting, computer consulting and the like shall involve not more than two (2) receivers of such services at any one time.
- There shall be no sale of commodities or products from the premises.
- Not more than twenty-five (25) percent of the gross floor area of the dwelling shall be devoted to the use.
- No equipment, process, materials or chemicals shall be used which create or emit offensive noise, vibration, smoke, dust, odor, heat, glare, x-rays, radiation or electrical disturbances.
- No additional parking area shall be created.
- No person who is not a resident of the dwelling may participate in the home occupation as an employee or volunteer.
- No display of products may be visible from the street.
- No deliveries by commercial transportation shall be permitted.
- No use of accessory buildings or structures shall be permitted.

### B. Home Occupation: As a Conditionally Permitted Use Requiring Board of Appeals Approval

1. A person may apply for a conditional use certificate for a home occupation which does not fully comply with the requirements of paragraph A above.
2. Application shall be filed with the Zoning Director and submitted to the Board of Zoning Appeals for consideration in accordance with Article XI – Conditional Zoning Certificates.

PROPERTY USE QUESTIONNAIRE

Address of Affected Property \_\_\_\_\_

Name of Business \_\_\_\_\_

Type of Business \_\_\_\_\_

Business Phone # \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Property Owner's Address \_\_\_\_\_

Property Owner's Phone # \_\_\_\_\_

Business Operator's Name \_\_\_\_\_

Business Operator's Address \_\_\_\_\_

Business Operator's Phone # \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS QUESTIONNAIRE IS TRUE AND ACCURATE.

Signature \_\_\_\_\_

Date \_\_\_\_\_

PROPERTY USE QUESTIONNAIRE

1. Have you ever obtained a Vendor's License? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please answer the following: Vendor's Lic. # \_\_\_\_\_ Date Issued \_\_\_\_\_

2. Briefly explain your purpose for obtaining a Vendor's License \_\_\_\_\_  
\_\_\_\_\_

3. Was your Vendor's License secured to conduct a business from a different location?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what is the name and address of the other business location?  
\_\_\_\_\_

4. Do you have any signs advertising a business use or activity? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Do you have customers or clients coming to this address? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Do you have any employees? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you advertise this business in any printed publications? Yes \_\_\_\_\_ No \_\_\_\_\_  
(phone book, newspaper, magazine, Haines Directory, etc) \_\_\_\_\_

8. Do you receive deliveries of supplies or materials? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what type? (UPS, Commercial Freight, US Mail, etc) \_\_\_\_\_

9. How many square feet of the dwelling is devoted to the business. \_\_\_\_\_

10. Number of off-street parking spaces available. \_\_\_\_\_  
(excluding garage and carport spaces)

11. Have you ever filed an application with the Board of Zoning Appeals requesting a Conditional Use to conduct a Home Occupation from this address? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, when? \_\_\_\_\_

12. Are you the present property owner? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, list the property owner's name and mailing address \_\_\_\_\_  
\_\_\_\_\_

13. Phone number during daytime business hours \_\_\_\_\_