



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.



PLAIN TOWNSHIP ZONING DEPARTMENT

HOME OCCUPATION PROPERTY USE QUESTIONNAIRE

Address of Affected Property: _____

Name of Business: _____

Type of Business: _____

Business phone #: _____

Property Owners Name: _____

Property Owners address: _____

Property Owner's Phone #: _____

Business Operator's Name: _____

Business Operator's Address: _____

Business Operator's Phone #: _____



PLAIN TOWNSHIP

HOME OCCUPATION PROPERTY USE QUESTIONNAIRE

1. Briefly explain your purpose for applying for a home occupation permit. _____

2. Have you ever obtained a home occupation permit? Yes _____, No _____. If yes, what was the address of the home occupation? _____
3. Do/will you have employees? Yes _____, No _____. If yes how many employees? _____
4. Do you have 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 receive deliveries of supplies or materials? Yes _____, No _____.
If yes, what type? (UPS, Commercial Freight, US Mail etc.) _____
7. Do you advertise this business in any printed publications? Yes _____, No _____.
(Newspaper, magazine, etc.) _____
8. Do you advertise this business on the Web or Social Media? Yes _____, No _____.
9. Will this use create a nuisance by reason of noise, odor, dust, vibration, fumes, smoke, electrical interference, or other causes? Yes _____, No _____
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. _____

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

Signature: _____

Date: _____