



**LOW-IMPACT HOME-BASED BUSINESS
ZONING PERMIT APPLICATION**

Application Fee: **\$25**
***due at time of application**

New Home Business Renewal
*Application Fee applies to initial application

PROPERTY ADDRESS _____

PROPERTY OWNER(S) _____ PHONE _____

MAILING ADDRESS _____ EMAIL _____

*APPLICANT NAME _____ PHONE _____

*APPLICANT ADDRESS _____ EMAIL _____

***Attach owner authorization (if different from property owner) and proof of residency (i.e., utility bill, driver's license)**

Description of Proposed Home Business _____

LOCATION OF HOME OCCUPATION HOME DETACHED GARAGE ATTACHED GARAGE

FLOOR AREA OF HOME OCCUPATION _____ SQ. FT.

TOTAL EMPLOYEES (INCLUDING APPLICANT _____ # LIVING IN THE HOME _____ # LIVING ELSEWHERE

TOTAL VEHICLES USED: _____ PARKED ON THE STREET _____ PARKED OFF STREET (INCLUDING GARAGE)
***Parking plan required – describe vehicles to be used in operation**

**Applicant
must read
and initial
each line:**

- _____ The business will not use any equipment that creates noise, vibration, glare, fumes, odors, electronic interference, or any other nuisance detectable to the neighborhood.
- _____ The above information is accurate to the best of my knowledge. If any of the above information changes, I am required to notify the Zoning Office.
- _____ I understand that approval applies to zoning only and does not relieve me from the responsibility to obtain inspections, certificates, or permits from other offices or from the state as applicable.
- _____ No outside storage will occur of goods, materials and/or equipment.
- _____ No sign will be displayed for the home business.
- _____ Deliveries/pickups will be limited to private parcel services and U.S. Mail vehicles only, that are typically associated with residences.

AFFIDAVIT

I hereby certify that the above information is true and correct and further agree to conduct the home business in accordance with the ordinances, statues and regulations of this municipality, county and state. Pennsylvania Law (18 Pa. C.S. § 4904) provides criminal penalties for making a false statement to public officials.

By signing this form, I am declaring under penalty of law that the above information is accurate:

Signature of Applicant _____ Date _____

Applicant: _____

Street Address _____

Please complete the information below and sketch an approximate floor plan of your home on the graph; including each floor of your residence. **Include exterior house dimensions, actual room dimensions and area to be used for the home business.**

Zoning District: _____

Lot Size: _____ (sq. ft.)

Home Size: _____ (sq. ft.)

Number of parking spaces: _____

***In addition to the (2) off-street parking spaces required for the primary use dwelling, (2) additional off-street parking spaces shall be provided for the home business. At no time shall vehicles be parked on lawns.**

A large grid for sketching a floor plan, consisting of 20 columns and 30 rows of small squares.

ZONING OFFICE USE ONLY

Date Received: _____

Receipt No. _____

Cash or Check No. _____

Review Date: _____

Tax Parcel No.: _____

Zoning District: _____

Application Approved

Application Denied

Application Approved By: _____

(Authorized Signature)

Title: _____

Comments: _____

Zoning Permit Issue Date: _____ (expires one (1) year from this date)

Zoning Permit Number: _____

Annual Renewal: **Applicant to apply for renewal prior to expiration of Zoning Permit Issue Date**

I hereby certify that I will apply annually for my home-based business prior to the expiration of the Zoning Permit Issue Date referenced above. Failure to do so may result in the loss of the home-based business and require me to pay the initial application fee and reapply for the home-based business.

Signature of Applicant _____

Date _____