



HOME OCCUPATION ZONING PERMIT APPLICATION

Control # _____

Received: _____



NOTICE: PENNSYLVANIA LAW (18 Pa. C.S. § 4904) PROVIDES CRIMINAL PENALTIES FOR MAKING A FALSE STATEMENT TO PUBLIC OFFICIALS.

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 (utility bill, driver's license, etc.)*

DESCRIPTION OF PROPOSED HOME OCCUPATION _____

LOCATION OF HOME OCCUPATION HOME DETACHED GARAGE* OTHER*

FLOOR AREA OF HOME OCCUPATION _____ SQ. FT.

PERCENTAGE OF TOTAL HABITABLE FLOOR AREA 25% OR LESS OVER 25%* DON'T KNOW*

** Floor plan required if located outside primary dwelling, or if percentage of total floor area over 25% or unknown.*

TOTAL EMPLOYEES (INCLUDING APPLICANT): _____ # LIVING IN THE HOME

_____ # LIVING SOMEWHERE ELSE

TOTAL VEHICLES USED: _____ PARKED ON THE STREET

(PARKING/LOADING) _____ PARKED OFF STREET (INCLUDING GARAGE)

_____ TRUCKS, VANS, OR OTHER LARGE VEHICLES*

** Parking plan required—describe vehicles to be used in operation and show parking/loading spaces*

WILL ANY CHANGES TO BUILDING BE REQUIRED? INTERIOR WORK EXTERIOR WORK

SIGNAGE LIGHTING OTHER (DESCRIBE): _____ NO CHANGES

DESCRIBE ANY GOODS TO BE DISPLAYED FOR SALE: NO YES (DESCRIBE): _____

WILL CUSTOMERS BE ALLOWED ON SITE? NO YES (HOW OFTEN?) _____

WILL DELIVERIES BE RECEIVED ON SITE? NO YES (HOW OFTEN?) _____

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 I am responsible to obtain a Business Privilege License.

_____ I understand that if the property is located in a historic district, I must obtain written authorization from the Historic Preservation Office before beginning any exterior work or installing signage.

_____ I understand that approval applies to zoning only and does not relieve me from the responsibility to obtain inspections, certificates, or permits from other City offices or from the state as applicable.

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

Applicant's Signature: _____

Date: _____