

WASHINGTON TOWNSHIP

1021 Washington Blvd.

Bangor, Pa. 18013

Phone 610-588-1524

Fax 610-588-0245

Zoning Department

HOME OCCUPATION PERMIT APPLICATION

Application is hereby made to use the premises for the purpose described herewith. It is understood and agreed by the Applicant that any error, misstatement or misrepresentation of material fact either with or without intention on the part of the Applicant, such as might or would operate to cause a refusal of the application, or any change in the location, size or use of a structure or land made subsequent to the issuance of a permit, without approval by the Zoning Department, shall constitute sufficient grounds for the revocation of the permit(s).

A. PROPERTY INFORMATION:

- 1. Applicant: _____ Phone: _____
- 2. Applicant's Address: _____
- 3. Property Location: _____
- 4. Property Owner's Name: _____ Phone: _____
- 5. Property Owner's Address: _____
- 6. Current use of building: _____

B. HOME OCCUPATION INFORMATION:

- 1. The type of product or service provided: _____
- 2. Provide a description of the home occupation: _____

C. EMPLOYEE INFORMATION:

- 1. The name(s) of the permanent resident(s) of the dwelling who will operate the home occupation: _____
- 2. The number of additional employees that are non-residents if any, to be employed by the home occupation: _____

D. BUILDING/SITE INFORMATION:

- 1. What portion of the residential or accessory structure is to be used for the home occupation?

- 2. Provide a description of any proposed building modifications, signs and parking areas:

E. CLIENTELE/BUSINESS HOURS

Provide the following:

- 1. The days of the week the business is open: _____
- 2. The hours of operation: _____
- 3. Average number of customers expected per day: _____

C. APPLICANT'S STATEMENT:

I hereby certify that all of the information contained in this application is true and correct according to my knowledge. I hereby certify that the home occupation shall not detract from the residential character of the neighborhood. Further, I hereto agree to the terms and conditions set forth in this application.

- 1. Property Owner's Authorization/Signature: _____ Date: _____
- 2. Applicant's Signature: _____ Date: _____

HOME OCCUPATION SKETCH PLAN

A plot plan of the premises to be used for the Home Occupation must be provided.

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(For Township Use Only)

1. Parcel Identification: \_\_\_\_\_

2. Zoning District: W A R-1 R-2 RC C I

3. Application Approved - Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_

4. Required Permit(s):  Zoning  Compliance

5. Application Denied - Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_

6. Reason for denial: \_\_\_\_\_