

**ASSOCIATED APPLICATIONS**

\_\_\_\_\_ Case # \_\_\_\_\_  
 \_\_\_\_\_ Case # \_\_\_\_\_  
 Project \_\_\_\_\_  
 PIN \_\_\_\_\_



**NO-IMPACT HOME-BASED BUSINESS ZONING PERMIT**

CASE # \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

DATE RECEIVED: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_ FAX/CELL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

APPLICANT PRINTED NAME AND SIGNATURE: \_\_\_\_\_

IF THIS APPLICATION IS NOT BY THE PROPERTY OWNER, THEN BY WHAT AUTHORITY: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_ FAX/CELL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**NO-IMPACT HOME-BASED BUSINESS** – A business or commercial activity administered or conducted as an accessory use, which is clearly secondary to the use as a residential dwelling and which involves no customer, client or patient traffic (except with regard to music teachers, art instructors, or academic tutors), whether vehicular or pedestrian, pickup, delivery or removal functions to or from the premises, in excess of those normally associated with residential use.

Using several sentences, please describe your proposed no-impact, home based business in your own words. Be sure to include: a description of operations & services provided; why you feel your proposal will be compatible with the surrounding residential uses; if any operations will create noise, fumes, bright lights, etc that may be a nuisance to neighbors; a description of which areas of your residential site will be involved (e.g. in the spare bedroom, in the basement, etc); what the nature of those operations will be (billing, assembly, etc); proposed hours of operation; vehicle usage/operations, etc.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Applicant must read and complete the reverse.**

**APPROVAL:**

REVIEWER/DATE

APPROVAL DATE

DENIAL DATES

ZONING \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
 BUSINESS PRIVILEGE LICENSE  NO PLANS SUBMITTED

**FEES:**

Zoning: \$ **50.00**  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

**APPLICANT NOTIFICATION**

Applicant Called \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Amount \$ \_\_\_\_\_

**APPROVAL CONDITIONS:**

PERMIT ISSUED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Specifically who owns and controls the home based business? \_\_\_\_\_

What is the habitable square footage (finished living space) of your dwelling? \_\_\_\_\_

What square footage of the habitable part of the dwelling do you propose to use for the business? \_\_\_\_\_

Other than the dwelling, are there any areas of your residence property proposed to also be used for the home based business? Is so, please describe them.

\_\_\_\_\_  
\_\_\_\_\_

List all vehicles proposed to be utilized for the home based business. If they are trucks, please also specify there tonnage capacity (e.g. ½ ton, ¾ ton, et al).

\_\_\_\_\_  
\_\_\_\_\_

Please list all employees of the proposed home based business and their home addresses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will deliveries for the home based business be made to the residence? If so, by what type of vehicles? (e.g. UPS step van, tractor trailer, et al).

\_\_\_\_\_  
\_\_\_\_\_

**No-impact home-based businesses must satisfy the following zoning ordinance provisions:**

- (A) Zoning Permits are to be secured from the Community Development Department.
- (B) No-impact Home-based Businesses shall be owned and controlled by a resident of the property on which the activity takes place. Termination of residence by the owner who establishes the No-impact Home-based Business shall automatically terminate the No-impact Home-based Business at that residence.
- (C) The business activity shall be compatible with the residential Use of the property and surrounding residential uses.
- (D) Only residents of the Dwelling unit may be employed onsite at the business.
- (E) There shall be no display or sale of retail goods and no stockpiling or inventory of a substantial nature.
- (F) There shall be no appearance of a business Use, including, but not limited to, parking, signs or lights.
- (G) The business activity may not Use any equipment or process which creates noise, vibration, glare, fumes, odors or electrical interference, including interference with radio or television reception, which is detectable on the adjacent Lots.
- (H) The business activity may not generate any solid waste or sewage discharge in volume or type, which is not normally associated with residential Use in the neighborhood.
- (I) The business activity shall be conducted only within the Dwelling and may not occupy more than 25% of the gross Floor Area.
- (J) The business may not involve any illegal activity.

Please be aware that South Whitehall Township routinely audits for the related purpose of Business Privilege tax and any corresponding information will need to be consistent with the information submitted on these forms.

**I have read the aforementioned requirements and agree that I can, and will, be compliant accordingly.**

\_\_\_\_\_  
Printed Name Signature Date