

If applicable Name of Corporation working for, or Your Business Name:

Address (If Different) _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Area of floor space to be utilized for business _____sq. ft.

802.31 NO-IMPACT HOME BASED BUSINESS

A No-Impact Home Based Business, as defined in Article 2 of this Ordinance, shall be permitted by right in all residential zoning districts, except that such permission shall not supersede any deed restriction, covenant, or agreement restricting the use of land, nor any master deed, bylaw or other document applicable to a common interest ownership community

1. The business activity shall be compatible with the residential use of the property and surrounding residential uses.
2. The business shall employ no employees other than family members residing in the dwelling.
3. There shall be no display or sale of retail goods and no stockpiling or inventory of a substantial nature.
4. There shall be no outside appearance of a business use, including, but not limited to, parking, signs or lights.
5. The business activity may not use any equipment or process which creates noise, vibration, glare, fumes, odors, or electrical or electronic interference, including interference with radio or television reception, which is detectable in the neighborhood.
6. The business activity may not generate any solid waste or sewage discharge, in volume or type, which is nor normally associated with a residential use in the neighborhood.
7. The business activity shall not occupy more that 25% of the habitable floor area.
8. The business may not involve any illegal activity.

I do hereby swear and affirm that the statements made in this application are the truth to the best of my knowledge. And furthermore, I do understand that if I am found to be making false statements my permit may be revoked without question and I may be prosecuted to the fullest extent of the law with all charges and costs being born by me. I understand that false statements made herein are made subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities.

Print Name of Owner

Signature of Owner

Date: ____/____/____

This application is:

APPROVED _____

Cost \$ 125.00

This is to certify that the person (s) named herein have applied for and received approval of a No Impact Home Based Business at the address listed on page one of this application. This approval is based solely on the information contained within this application. Should, upon investigation, the situation be found to be contrary to what has been stated by the applicant, or if this business no longer qualifies as a NIHBB due to growth or any other reason, Hazle Township reserves the right to revoke this approval.

Zoning Officer (or designee)

Paid Cash _____

Date: ____/____/____

Paid Check #: _____

Paid MO #: _____

DENIED _____

Reason for denial (List sections of Ordinance):

Zoning Officer (or designee)

Date: ____/____/____