

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.

802.24 HOME OCCUPATIONS (also see Section 802.31 NO-IMPACT HOME BASED BUSINESSES)

A home occupation, which is conducted within a dwelling unit or an existing accessory building to the dwelling, shall be subject to the following provisions:

- A. The occupation shall be carried on wholly indoors, within the principal building or within a building accessory thereto.
- B. There shall be permitted a sign, not to exceed two (2) square feet in surface area, placed flat against the building as a wall sign, and shall not be permitted above the first story level. No other exterior display or exterior storage of materials or any other exterior indication of the home occupation shall be permitted.
- C. There shall be no maintenance of a stock in trade or show windows or displays or advertising visible outside the premises.
- D. No articles shall be sold or offered for sale except those which are produced on the premises.
- E. There shall be no repetitive servicing by truck.
- F. No offensive noise, vibration, smoke, dust, odors, heat or glare shall be produced.
- G. The home occupation shall be carried on only by members of the immediate family residing in the dwelling unit, plus not more than two (2) additional employees. Licensed medical practitioners and attorneys may have more than two (2) additional employees, subject to approval by the Zoning Hearing Board.
- H. The floor area devoted to a home occupation, regardless of where located on a lot, shall be equivalent to not more than twenty (20%) percent of the floor area of the dwelling unit.
- I. Each home occupation shall have off-street parking as indicated below, in addition to that required for the dwelling unit:
 - (1) Four (4) spaces for each physician, dentist, or other licensed medical practitioner.
 - (2) Two (2) spaces for all other home occupations.

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 Home Occupation 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 Home Occupation 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: ____/____/____