Home Occupation Application / Permit

Date: _____ ***Slatington Borough*** Permit # _____

Slatington Borough Zoning Ordinance, Section 195-32, permits Home Occupations in all zoning districts provided they are clearly secondary and incidental to the principal residential use on the property. Each Home Occupation shall:

1. involve a resident of the dwelling as the principal operator and no more than two nonfamily members;
2. occupy a maximum of 50 percent of the area of one floor, an entire basement or a legally existing accessory building meeting all applicable building codes;
3. not reduce the exterior residential appearance of a dwelling, except for a sign as permitted;
4. involve no outdoor storage of equipment, supplies or other materials;
5. Provide adequate off-street parking and loading areas;
6. be permitted to have one sign, not to exceed three (3) sq. ft., indicating products made or services rendered;
7. Not have machinery or equipment that produces noise, odor, vibration, light or electrical interference beyond the boundary of the subject property;
8. meet environmental standards found in article 5;
9. adhere to other federal, state, county and local regulations;
10. receive Zoning Officer approval prior to beginning operation and be subject to an annual review.
11. Submit a "letter of intent" which describes, in detail, the above listed requirements as they relate to the proposed home occupation.

Name: _____ Phone #: _____

Address: _____

Type of Business: _____ Number of Employees (include self): _____

Number of clients/customers/deliveries per hour: _____ Area to be devoted to home occupation: _____ sq. ft.
Number of parking spaces available on property: _____ Number of parking spaces for home occupation: _____

Signature of Applicant: _____

(for office use only)

Complies with zoning ordinance: yes_____ no_____
To be referred to Zoning Hearing Board: yes_____ no_____

Notes: _____

_____

Approved: _____ Date: _____ _____
Zoning Officer

Denied: _____ Date: _____

Fee: _____ Permit Number: _____