



BOROUGH OF TERRE HILL

NO IMPACT HOME BASED BUSINESS APPLICATION

DEFINITION

NO-IMPACT HOME BASED BUSINESS - a business or commercial activity administered or conducted as an accessory use that is clearly secondary to the use as a residential dwelling and that involves no customer, client or patient traffic, whether vehicular or pedestrian, pickup, delivery or removal functions to or from the premises, in excess of those normally associated with residential use. The business or commercial activity must satisfy the following requirements:

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, without limitation, parking, signs or lights.
5. The business activity may not use any equipment or process that creates noise, vibration, glare, fumes, odors or electrical or electronic interference including, without limitation interference with radio or television reception, that is detectable in the neighborhood.
6. The business activity may not generate any solid waste or sewage discharge in a volume or type that is not normally associated with residential use in the neighborhood.
7. The business activity shall be conducted only within the dwelling and may not occupy more than 25% of the habitable floor space.
8. The business may not involve any illegal activity.

ADMINISTRATION

Inspections of Home Occupations and No Impact Home Based Business

There may be (1) one inspection each year by the Zoning Officer, or a person designated by the Zoning Officer, of home occupations and no impact home based business issued a permit. In addition, the Zoning Officer, or designee, shall have the right to enter and inspect the premises covered by said permit for compliance purposes following notification of the property owner forty-eight (48) hours in advance of the inspection. Any cost associated with said inspection shall be the responsibility of the owner/operator of the occupation or business based upon a fee schedule to be determined by Borough Council. In the case of violations of this Chapter, the property may be reinspected as often as the Zoning Officer, or his designee deems reasonably necessary until the violation is fully cured and for an additional sixty (60) days after fully curing the violation in order to verify continued compliance with this Chapter.

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BOROUGH OF TERRE HILL
Zoning Application
No Impact Home Based Business

1. Property Owner Information:

Name: _____
Street Address/PO Box: _____
City, State, Zip _____
Telephone: _____
E-mail: _____

2. Applicant Information (complete only if different from the owner):

Name: _____
Street Address/PO Box: _____
City, State, Zip _____
Telephone: _____
E-mail: _____

Interest of Applicant if not owner (agent, lessee, etc.): _____

If other than owner, provide documentation that establishes the authority of the applicant to submit this application. Indicate Document Type:

- copy of deed lease agreement of sale notarized letter from the owner
 other appropriate documentation _____

3. Property Information:

Property Address: _____

Tax Parcel Account Number: _____

Type of Residence: Single Family Detached Multi-family Dwelling

Zoning District: Residential Low Density (R-1) Residential High Density (R-2)
 Residential/Commercial Mixed Use (R-C) Commercial Neighborhood
 Limited Industrial District (L-I)

Total Square Footage of Dwelling Unit: _____

(Habitable floor space includes the entire first and second floors, full basements, finished attics and attached garages.)

4. Current Use:

Describe all current uses of property as relating to any other business use and include copies of any Zoning Hearing Board decisions relating to this property: _____

5. Proposed Use:

Business Name: _____

Nature of Business: _____

Is the business incorporated? Yes No

Will you be using a fictitious name? Yes No

Square Footage Devoted to Business Use: _____

Percentage of Square Footage of Dwelling Devoted to Business Use: _____

Location of Business Use within the Dwelling: _____

Does your business require a license or permit from any federal, state, or county agency?
 Yes No

Number of Employees: _____

Will you have non-family employees on-site? Yes No Number per day _____

Will you have non-family volunteers on-site? Yes No Number per day _____

Will you have independent contractors on-site? Yes No Number per day _____

Will you have customers or clients visit your business for direct sales of products and/or services? Yes No Number per day _____

Will the business stockpile goods of a substantial nature? Yes No Number per day _____

Will you have deliveries made to you on-site? Yes No Number per day _____

How will deliveries be made? _____

Will there be any outside appearance that would make it obvious that a business is being conducted in the residence? Yes No

Will there be a sign advertising the business on the property? Yes No

How will you advertise your business? _____

Do you have a business vehicle(s)? Yes No Number per day _____

Does your vehicles(s) have a sign attached? Yes No Number per day _____

Please list all vehicles and equipment associated with your business:

Vehicles	Number	Vehicular Weight
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will the business activity use any equipment or process that will create noise, vibration, glare, fumes, odors, electrical or electronic interference including interference to radio or television reception, which would be detectable in the neighborhood? Yes No

Will the business activity generate any solid waste or sewage discharge, in volume or type, which is not normally associated with residential use in the neighborhood? Yes No

Will the business involve any illegal activity? Yes No

6. **Other relevant comments:** _____

SUBMISSION CHECKLIST:

This application must be completed in its entirety and accompanied by the following:

Photocopy of recorded property deed

OR

If renting house, notarized letter from owner giving permission to establish business in the house.

Plot plan of property showing all structures

Photocopy of Certificate of Incorporation or Fictitious Name Registration (if applicable)

Floor plan of building used for the business purpose, with business space clearly delineated. *

Copy of required permits or licenses from outside agencies.

*Engineered plans are not required; however, the plan must include sufficient detail so the Borough can determine if the requirements for the proposed use have been met.

CERTIFICATIONS

I hereby certify that the owner of record authorizes the proposed use. I have been authorized by the owner to make this application.

By action of applying for a No Impact Home Business Permit, the applicant grants permission for the Zoning Officer or such other Borough official, to inspect the property prior to issuance of a permit and during the conduct of the proposed use.

By signing this application, I, the applicant, do hereby verify that I have reviewed and understand the statements made in this application and that all such statements herein are true and correct to the best of my knowledge, information and belief, and that the Home Business shall be conducted in compliance with the Borough of Terre Hill Code of Ordinances Chapter 27, Part 1, §104 No Impact Home Based Business.

These statements are being given by me to induce official action on the part of the Terre Hill Borough Zoning Officer, and I understand that any false statements made herein are being made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsifications to authorities.

, and I agree to conform to all applicable requirements related to the proposed use.

Applicant Signature _____

Name (Print): _____

Date: _____

FOR OFFICE USE ONLY:

DATE RECEIVED _____ FEE PAID _____

DATE _____ APPROVED DENIED

ZONING OFFICER SIGNATURE _____

REASON FOR DENIAL _____

PERMIT NUMBER: _____