

**WEST NANTMEAL TOWNSHIP**  
**APPLICATION FOR:**

- 1. \_\_\_ Home Occupation
- 2. \_\_\_ Home-Related Business
- 3. \_\_\_ No-Impact Home-Based Business

The Zoning Ordinance allows the operation of businesses from residences only after a review by the Zoning Officer to determine if the proposal satisfies the regulations established in the Ordinance. In order to evaluate the proposal, the applicant must answer the following questions concerning the nature of the home occupation, home-related business or the no-impact home based business. All questions must be answered in full and either typed or printed. The application shall include, but not be limited to the following information:

DATE:

1. BUSINESS NAME: \_\_\_\_\_

2. APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

3. PROPERTY OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

4. Description of vehicles used in the business (make, model, color, and Gross Vehicle Weight). Attach additional pages if necessary.

A. \_\_\_\_\_

B. \_\_\_\_\_

5. Description of employee vehicles which will be parked at the property. Attach additional pages if necessary.

A. \_\_\_\_\_

B. \_\_\_\_\_

6. LEGAL DESCRIPTION OF PROPERTY:

TAX PARCEL NUMBER: \_\_\_\_\_

CURRENT ZONING OF PROPERTY: \_\_\_\_\_

SIZE OF PROPERTY: \_\_\_\_\_

7. DETAILED DESCRIPTION OF PROPOSED BUSINESS:

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

A. Number of square feet of floor in residence utilized for home occupation:

B. Outside dimensions of house, exclusive of porches and garages (entire foot print)

8. THE APPLICANT HAS RECEIVED AND REVIEWED THE ORDINANCE WHICH IS ATTACHED. THE APPLICANT AGREES TO COMPLY WITH THE REGULATIONS GOVERNING THE PARTICULAR TYPE OF HOME BUSINESS THE APPLICANT HAS APPLIED FOR, AS SET FORTH IN THE ATTACHED ORDINANCE.

\_\_\_\_\_  
SIGNATURE OF THE APPLICANT                      DATE

\_\_\_\_\_  
SIGNATURE OF OWNER                      DATE  
(If different from applicant)

Zoning Officer Comments:

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