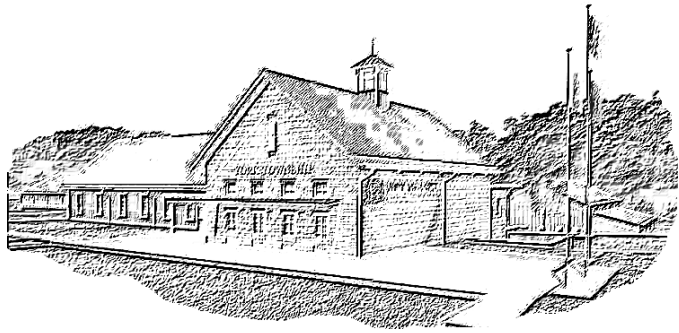


# YORK TOWNSHIP



190 Oak Road, Dallastown, Pennsylvania 17313 • Phone (717) 741-3861 • Fax (717) 741-5009

## **APPLICATION FOR HOME OCCUPATION PERMIT**

**Annual Application Fee: \$25.00 (must be renewed by Jan. 1<sup>st</sup> each year)**

**Check to be payable to: York Township**

**Date Paid: \_\_\_\_\_**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Property Location (Subdivision): \_\_\_\_\_ Zoning District: \_\_\_\_\_

### **HOME OCCUPATION DESCRIPTION**

Home Occupation status (check one):      New \_\_\_\_\_      Existing \_\_\_\_\_

Approximate start date of Home Occupation: \_\_\_\_\_

Please provide a detailed description of the Home Occupation: \_\_\_\_\_

\_\_\_\_\_

Name of Business: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Names of Residents Involved in the Home Occupation: \_\_\_\_\_

\_\_\_\_\_

Total Floor Area of the Dwelling (excluding attics, attached garages, and basements):

\_\_\_\_\_ square feet

Floor Area of Home Occupation (excluding attics, attached garages, and basements):

\_\_\_\_\_ square feet      Percentage of Total: \_\_\_\_\_ % (25% allowed)

Describe any proposed alteration(s) or addition(s) related to the Home Occupation: \_\_\_\_\_

Will there be visitations by non-residents for business purposes? \_\_\_\_\_

Number of off-street spaces for parking: \_\_\_\_\_ Number of these used by residents: \_\_\_\_\_

Are you planning to display a sign? \_\_\_\_\_ What size? \_\_\_\_\_ (2 sq. ft. allowed)

Are your neighbors aware of your proposed business activity? \_\_\_\_\_

**Applicant and property owner hereby agree to conform to all York Township Ordinances:**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Owner, if different from Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

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**FOR OFFICE USE ONLY**

Zoning Hearing Board Case # \_\_\_\_\_ Zoning Hearing Date \_\_\_\_\_

Special Exception Approved \_\_\_\_\_ Special Exception Denied \_\_\_\_\_

Date Permit Approved \_\_\_\_\_ Date Permit Denied \_\_\_\_\_

Application Reviewed by \_\_\_\_\_

Comments: \_\_\_\_\_

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