

APPLICATION FOR HOME OCCUPATION PERMIT

FILL IN ALL INFORMATION COMPLETELY

Location: _____

Between: _____ and _____
CROSS STREET CROSS STREET

Subdivision: _____ Lot #: _____ Lot Size: _____ Tax Parcel #: _____

Property Owner – Name & Address

Applicant – Name & Address

Phone Number - _____

Phone Number - _____

Home occupations are accessory uses to a single-family dwelling. Home occupations are permitted by right as indicated and are divided into the following two levels: **Level One Home Occupations include and are limited to:** **A.** Level One Home Occupations are allowable in the following Zoning Districts: Rural Residential (RR), Medium Residential (RM), high Density Residential (RH) and Residential Mobile Home (RMH). **B.** All uses shall be limited to a maximum of ten percent (10%) of the total residential area or 250 sq. ft. whichever is less **C.** Small offices uses, such as professional offices, manufacturers representatives and real estate brokers **D.** Studio uses, such as artist studios, musician studios and handicraft shops **E.** Retail service uses, such as barbershops, tailor shops and the like (excluding funeral directors and undertakers establishments) **F.** Educational uses, such as tutorial services, day care, music, art or similar instruction for not more than three (3) persons at any one time (excluding equestrian training). The practitioner shall reside within the principal dwelling unit **G.** The principal activity or use is that of a residence and not a business. **H.** No more than two (2) persons, not residents of the premises shall be employed. **Level Two Home Occupations** are **only** allowed in the Agriculture Preserve (AP) Zoning District. Level Two Home Occupation shall be permitted **only** by Special Exception with the Zoning Hearing Board.

Describe Type of Occupation: _____

What portion of the dwelling is the occupation practiced in? Example: home office, garage, basement, etc. _____

Will your proposed use create any additional waste? (Y / N) Have you developed a Waste Management Plan (Y / N) if yes; provide copy How will any additional waste be disposed of? _____

USE BACK OF APPLICATION FOR ADDITIONAL INFORMATION

APPLICANT'S SIGNATURE

DATE

I hereby certify that the statements contained herein are true to the best of my knowledge and belief. I have read the London Grove Township Zoning Ordinance pertaining to Home Occupations and related sections and will abide by the rules and regulations set forth therein. I understand that this permit will only be issued for the home occupation as listed and no other. I understand that additional information and/or permits may be required prior to the issuance of this permit. The Township may ask to view the premises prior to issuing this permit. The issuance of this permit requires an Occupancy Permit; without an Occupancy Permit the use is illegal.

DO NOT WRITE BELOW THIS LINE

Permit No. - _____

Permit Fee - _____

Received - _____

Paid Date - _____

Paid By - [] Check # - _____ [] Cash

Receipt By - _____

Notes - _____

Approved By: _____

Date: _____

