

BOROUGH OF WHITEHALL

APPLICATION FOR RESIDENTIAL HOME OCCUPATION PERMIT

412/884-1368 FAX 412/884-1160

Zoning Dist. _____

Address: _____ Resident: _____
Name/Phone # _____

Property Owner: _____
Name/Address/Phone # _____

Dwelling type: _____ # of rooms _____ # of stories _____

Total living space/floor area: _____ sq. ft. # Off Street Parking Spaces _____

Business Name: _____ **Owned/operated by:** _____

Description: _____

(Attach additional information as needed to provide complete description.)

Will the on premise business activity be conducted completely within the residence? Yes No

Amount of living space used for business: Floor area _____ sq. ft. % of living space _____

Will there be any signage, display, or other indication of the presence of the home occupation viewable from outside the residence? Yes No

Will there be any noise, vibration, smoke, odor, dust, glare, electrical or electromagnetic transmission produced perceivable from outside the residence? Yes No

Will the proposed activity create any waste product? Yes No

How many participants work at the premises but do not reside at this dwelling? _____

Will the business have any pedestrian traffic? Yes No Vehicular traffic? Yes No

“Off street” parking spaces provided for business use? _____ Hours of operation? _____

Will the activity require any pick-up or delivery services? Yes No Frequency _____

Identify any registration, licensing, or certifications used for the home occupation.

Agency _____

I/We, the undersigned, hereby declare the above items to be true and correct and agree to be bound by the Regulations and Ordinances of Whitehall Borough. I/We also agree to operate the home based business in complete accordance with all applicable laws and Home Occupation Standards (see reverse) and that no changes will be made in any manner without obtaining the written authorization of the Zoning Officer.

I hereby certify that the proposed use is authorized by the owner of record, and I/We maintain permanent residence at the subject dwelling.

Name (Please Print) _____

Date _____ Signature _____

Permit fee \$25.00 _____

Approved by _____