



**HOME OCCUPATION & NO-IMPACT HOME
BASED BUSINESS APPLICATION**

Township of Aleppo

100 North Drive, Sewickley, PA 15143
Phone: 412-741-6555 / Fax: 412-741-7062
www.aleppotownship.com

The purpose of this application is to apply for a permit for a home occupation or no-impact home based business as defined in the Township of Aleppo Code and regulated by the provisions set forth for each.

(Please Print)

APPLICANT INFORMATION:

Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____ Cell/Other Phone _____
E-Mail Address: _____

OWNER INFORMATION (if other than applicant):

Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____ Cell/Other Phone _____
E-Mail Address: _____

PROPERTY INFORMATION:

Site Address: _____

Tax ID #: _____ Square Footage of Dwelling Unit _____

PROPOSED USE:

Home Occupation No-Impact Home Based Business

Nature of your business: _____

Business Name (if applicable): _____

Square Footage Devoted to Business Use: _____

QUESTIONS:

NO. PER DAY

Will you have customers or clients visit your business?	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
Will you have non-family employees on-site?	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
Will you have non-family volunteers on-site?	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
Will you have independent contractors on-site?	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
Will you have deliveries made to you on-site?	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
How will deliveries be made? _____			_____
Will you conduct direct sales of products or services on-site:	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
Will you erect a sign? (If yes, attach plan of sign)	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
Do you have a business vehicle(s)?	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
Does your vehicle(s) have a sign attached?	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
How will you advertise your business?			_____
What are your hours & days of operation?			_____
Does your business require a license or permit from any federal, state, or county agency?	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____

Please list all vehicles and equipment associated with your business:

<u>Vehicles</u>	<u>Number</u>	<u>Vehicular Weight</u>

List any other businesses operated from the property:

Type of Residence: Single Family Detached Multi-Family Dwelling

This application must be accompanied by the following:

- Plot plan of the property showing all structures
- Plan showing proposed sign location
- Floor plan of the 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 that the Township can determine if the requirements for the proposed use have been met.

Certification

I hereby certify that the owner of record authorizes the proposed use. Furthermore, I have been authorized by the owner to make this application, and I agree to conform to all applicable requirements related to the proposed use. This application has been examined by me and to my knowledge and belief is a true, correct and complete application.

By action of applying for a permit, the applicant grants permission for the Zoning Officer or such other Township official to inspect the property prior to the issuance of a permit and during the conduct of the proposed use.

Owner Signature: _____
Name (Print): _____
Date: _____

Owner Signature: _____
Name (Print): _____
Date: _____

OFFICIAL USE ONLY

Classification of Use:

- Home Occupation No-Impact Home Based Business Prohibited

APPROVAL:

- YES NO

Comments: _____

Official Signature: _____ Date: _____

Permit No.: _____

NO-IMPACT HOME-BASED BUSINESS -- A business or commercial activity administered or conducted as an accessory use which is clearly secondary to the use as a residential dwelling and which 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:

- A. The business activity shall be compatible with the residential use of the property and surrounding residential uses;
- B. The business shall employ no employees other than family members residing in the dwelling;
- C. There shall be no display or sale of retail goods and no stockpiling or inventory of a substantial nature;
- D. There should be no outside appearance of a business use, including, but not limited to, parking, signs or lights;
- E. The business activity may not use any equipment or process which creates noise, vibration, glare, fumes, odors, electrical or electronic interference, including interference with radio or television reception, which is detectable in the neighborhood;
- F. The business activity may not generate any solid waste or sewage discharge, in volume or type, which is not normally associated with residential use in the neighborhood;
- G. The business activity shall be conducted only within the dwelling and may not occupy more than 25% of the habitable floor area; and
- H. The business may not involve any illegal activity.