

**SWATARA TOWNSHIP
ZONING PERMIT APPLICATION
HOME OCCUPATION**

Date: _____

APPLICATION IS HEREBY MADE TO SWATARA TOWNSHIP FOR A ZONING PERMIT FOR A HOME OCCUPATION IN CONFORMITY WITH THE REQUIREMENTS OF THE SWATARA TOWNSHIP ZONING ORDINANCE AND ANY AMENDMENTS THERETO

Property Owner _____

Address of Property _____

Dauphin Co. Tax Parcel # _____ Phone # _____

Present Use of Property _____ Zoning District _____

Please Provide the Following:

Check Off

- | | |
|---|-------|
| 1. Letter to Zoning Officer describing the proposed home occupation. | _____ |
| 2. Floor plan of your home (to scale with dimensions) showing all rooms and floors. | _____ |
| 3. A plot plan of your property, showing the driveway and lot dimensions. | _____ |
| 4. Payment of Fee to Swatara Township for \$50.00. | _____ |

As part of the request/submission the applicant agrees to conduct the Home Occupation in accordance with Section 403.D.9 of the Zoning Ordinance and the Home Occupation shall comply with the following:

(Please provide your initials following each statement)

- | | |
|---|-------|
| a. Shall be conducted entirely indoors, within the dwelling (max. 25% floor area). | _____ |
| b. Shall not involve the display of goods or stock in trade. | _____ |
| c. Shall be conducted by the residents of the dwelling & by no more than 1 employee. | _____ |
| d. Shall be secondary in use and in total square feet to the use of the dwelling. | _____ |
| e. The exterior appearance of the dwelling shall retain its residential character, and there shall be no exterior evidence of the secondary use, except a sign as provided for in the sign provisions, Article VII (maximum 2 square feet). | _____ |
| f. The property shall provide additional paved off-street parking as required under Section 403.D.9.a(4); in addition to the required off street parking for a residence (2 - 9'x18' spaces). | _____ |
| g. Shall not require delivery by tractor-trailer trucks. | _____ |
| h. For Minor Home Occupations, the use shall not routinely involve visits to the home occupation by customers, or more than 1 non-resident employee at a time. | _____ |

CERTIFICATION:

I certify that I have read the above requirements for a Home Occupation and all the information provided and attached to this application is correct. I also fully agree that a violation of the Home Occupation Ordinance shall result in the revocation of Zoning Permit Approval by the Zoning Officer.

Signed: _____ Print Name: _____