



HOME-BASED BUSINESS APPLICATION

FEE: \$50.00

YES NO

DOES YOUR PROPOSED HOME-BASED BUSINESS :

- 1) RECEIVE AND SHIP ANY GOODS, CHATTELS, MATERIALS, SUPPLIES OR ITEMS OF ANY KIND MORE THAN ONCE A DAY?
- 2) RECEIVE AND SHIP ANY GOODS, CHATTELS, MATERIALS, SUPPLIES OR ITEMS OF ANY KIND IN A VEHICLE OTHER THAN THE RESIDENT'S PASSENGER VEHICLE OR A PARCEL COURIER (I.E., FEDERAL EXPRESS, UPS, ETC.)?
- 3) HAVE EMPLOYEES WHO DO NOT RESIDE IN THE DWELLING?
- 4) HAVE EXTERIOR OR INTERIOR DISPLAYS OF GOODS WHICH CAN BE SEEN FROM A PUBLIC RIGHT-OF-WAY?
- 5) HAVE A SIGN, LIGHTS, PARKING, OR OTHER EVIDENCE ON THE EXTERIOR OF THE BUILDING DEMONSTRATING THAT A BUSINESS IS BEING CONDUCTED INSIDE?
- 6) HAVE PIECES OF EQUIPMENT OR PROCESSES THAT CREATE NOISE, VIBRATION, GLARE, FUMES, ODORS, VISUAL OR AUDIO TELEVISION OR RADIO SIGNAL INTERFERENCE, OR ELECTRICAL INTERFERENCE WHICH IS DETECTABLE TO NORMAL SENSES IN NEIGHBORING HOMES?
- 7) HAVE A VOLUME OR TYPE OF ANY SOLID WASTE OR SEWAGE DISCHARGE GENERATED WHICH IS NOT NORMALLY ASSOCIATED WITH RESIDENTIAL USE IN THE NEIGHBORHOOD?
- 8) USE MORE THAN TWENT-FIVE PERCENT OF THE GROUND FLOOR AREA OF THE INVOLVED DWELLING UNIT?
- 9) USE GARAGES, SHEDS, AND OTHER ACCESSORY STRUCTURES?
- 10) USE EQUIPMENT OR APPLIANCES OTHER THAN THOSE THAT ARE CUSTOMARILY USED IN COMMON RESIDENCES OR OFFICES?
- 11) CONDUCT RETAIL SALES DIRECTLY TO CUSTOMERS ON THE PREMISES IN ANY FASHION OTHER THAN THROUGH THE MAIL, TELEPHONE, OR INTERNET?
- 12) CREATE A VOLUME OF TRAFFICE AND A DEMAND FOR PARKING SPACES THAT IS GREATER THAN WOULD NORMALLY BE EXPECTED?
- 13) STORE EQUIPMENT, VEHICLES, AND SUPPLIES RELATED TO THE BUSINESS ON THE PROPERTY?
- 14) HAVE OFF-STREET PARKING OR LOADING BERTHS BEYOND WHAT IS REQUIRED FOR THE INVOLVED RESIDENTIAL DWELLING?
- 15) WILL YOUR BUSINESS HAVE ANY CUSTOMERS OR CLIENTS AT YOUR HOUSE? IS IT A NURSERY SCHOOL, DAYCARE CENTER, TUTORING OR TEACHING SERVICE, DANCING SCHOOL, EXERCISE OR HEALTH CENTER, FUNERAL HOME, MORTUARY, EATING OR DRINKING ESTABLISHMENT, ANIMAL KENNEL, ANIMAL HOSPITAL, VERTERINARIAN OFFICE, BOARDING HOUSE, MEDICAL OR DENTAL CLINICS OR OFFICE, TRANSPORTATION VEHICLE REPAIR OR RENTAL FACILITY OR THEATER?

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PLEASE INCLUDE AN EXPLANATION / DESCRIPTION OF THE BUSINESS:

SIGNATURE

I HEREBY CERTIFY THAT I AM THE PERSON WHO COMPLETED THIS APPLICATION AND THAT THE ABOVE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

RESIDENT AND BUSINESS OWNER SIGNATURE

DATE

FORM OF INDIVIDUAL ACKNOWLEDGEMENT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF BLAIR

ON THIS, THE _____ DAY OF _____, 20____, BEFORE ME, THE UNDERSIGNED OFFICER,
PERSONALLY APPEARED _____, KNOWN
TO ME (OR SATISFACTORILY PROVEN) TO BE THE PERSON(S) WHOSE NAME(S) IS/ARE SUBSCRIBED TO THE
WITHIN INSTRUMENT AND ACKNOWLEDGED THAT THEY EXECUTED THE SAME FOR THE PURPOSES THEREIN
CONTAINED.

IN WITNESS WHEREOF, I HEREBY SET MY HAND AND OFFICIAL SEAL.

NOTARY PUBLIC

COMMUNITY DEVELOPMENT DEPARTMENT
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