

Chanceford Township  
51 Muddy Creek Forks Road  
P.O. Box 115  
Brogue, PA 17309  
Telephone: 717 927-6401  
Fax: 717 927 -8402

## Application for Home Occupation

Permit No. \_\_\_\_\_

Date: \_\_\_\_\_

This is an application for a Home Occupation per Section 424 of the Chanceford Township Zoning Ordinance adopted April 10, 2006. Please take a few minutes to review Section 424 the Home Occupation Ordinance, which is attached, complete the below form and return it to Township Office for review. Upon review and acceptance, you will be issued a certificate for the Home Occupation. Please be advised that until you are issued a Use Certificate for a Home Occupation, you may not begin the use.

Applicants Name: \_\_\_\_\_

Applicants Address: \_\_\_\_\_

1. Provide the description of the proposed Home Occupation: \_\_\_\_\_  
\_\_\_\_\_

2. Who is the operator(s) and what is the operator(s) relationship to the property of the proposed Home Occupation: \_\_\_\_\_  
\_\_\_\_\_

3. Provide the number of resident and non -resident employees for Home Occupation:  
Resident: \_\_\_\_\_ Non-resident: \_\_\_\_\_

4. Provide the address of the proposed Home Occupation and also provide details of the type of structure to be used for this proposed use, i.e. accessory structure or dwelling  
\_\_\_\_\_  
\_\_\_\_\_

5. If there is a sign proposed for this Home Occupation, indicate the size of the sign (maximum 12 sq. ft.) \_\_\_\_\_

6. List the parking areas/spaces available: \_\_\_\_\_  
\_\_\_\_\_

7. Has the Township Zoning Officer visited this property to determine compliance of Section 5? (Circle) Yes No Zoning Officer Approval \_\_\_\_\_

8. Describe if this proposed use will result in a substantial increase of traffic:  
\_\_\_\_\_
9. Describe where and how products will be stored: \_\_\_\_\_  
\_\_\_\_\_
10. If the proposed Home Occupation is to be operated from the dwelling, how many square feet of the dwelling will be devoted to the Home Occupation? \_\_\_\_\_  
\_\_\_\_\_
11. What type of waste products do you expect to generate from this Home Occupation and how do you plan to dispose of them? \_\_\_\_\_  
\_\_\_\_\_
12. Do you expect to buy and sell any products, if so explain: \_\_\_\_\_  
\_\_\_\_\_
13. In what year was the structure constructed that will be used for the Home Occupation? \_\_\_\_\_
14. Is the proposed use located less than 500 feet from a residence on an adjacent property? \_\_\_\_\_
15. Are you planning on expanding an exist ing structure, if so describe: \_\_\_\_\_  
\_\_\_\_\_

**Section 424.a (10) of the Home Occupation Ordinance requires that the use will no be one which tends to create dust, heat, glare, smke, vibrations, or odors outside the building in which the use is being conductec**

The applicant must include with this application such information as to assure the Zoning Officer that all the requirements of Section 424 will be met. The Use Certificate , once issued, shall continue in effect as long as there is no change in the nature or extent of the use and all of the requirements of this section continue to be met.

I have received a copy of the Home Occupation Ordinance and understand that if it is found to be non-compliant the permit will not be issued, or the permit may be revoked if found non-compliant after permit issuance.

\_\_\_\_\_  
Applicant(s) Signature(s) and Telephone Number

\_\_\_\_\_  
Date