



## DUBLIN BOROUGH

119 Maple Avenue,

Dublin PA 18917

Phone: (215) 249-3310

[www.dublinborough.org](http://www.dublinborough.org)

### OFFICIAL USE ONLY

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

App Fee Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

## ZONING PERMIT APPLICATION FOR HOME OCCUPATION

Permit #: \_\_\_\_\_

### Site Information

Property Address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Owner's Name (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company website: \_\_\_\_\_

Have you been issued a Home Occupation Permit for the same business, at this location in the past?  Yes  No

| Check off the type of Home Occupation:                    | Examples include:  |
|---|--|
| <input type="checkbox"/> F1a Professional Offices         | Salesperson, sales representative, manufacturer's representative, architect, engineer, land surveyor, broker, dentist, doctor, psychiatrist, lawyer, accountant, insurance agent, travel agent, real estate agent, musician, writer, minister, rabbi, priest, and other similar professions. |
| <input type="checkbox"/> F1b Personal Services            | Barbers, beauticians, photographers, and other similar professions   |
| <input type="checkbox"/> F1c Instructional Services       | Home occupation in which the practitioner provides the client with special instruction in a specific area of study.  |
| <input type="checkbox"/> F1d Home Crafts                  | Artists, sculptors, dressmakers, seamstresses/tailors, model making, rug weaving, lapidary work, furniture making, pottery, ceramics, and other similar professions  |
| <input type="checkbox"/> F1e Family Day Care              | A facility in which care is provided for six or less children at any one time where the child care areas are being used as a family residence.   |
| <input type="checkbox"/> F1f Trade Business               | Electrician, plumber, carpenter, mason, painter, roofer and similar occupations  |
| <input type="checkbox"/> F1g Repair Services              | For appliances, electronics, televisions, radios, lawn mowers, watches, bicycles, locks, small business machines, cameras, and other similar services  |
| <input type="checkbox"/> F9 No-Impact Home-Based Business | A business or commercial activity administered or conducted as an accessory use to a residential use that is clearly secondary to the residential use of the dwelling and which involves no customer, client or patient traffic.   |

**APPLICATION MUST BE COMPLETED IN FULL TO BE ACCEPTED / REVIEWED BY THE BOROUGH**

**Details of the Home**

What is your lot size (in either acres or square feet)? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

What is the square footage of the principal residential structure's ground floor? \_\_\_\_\_

What is the total square footage that will be devoted to the home occupation? \_\_\_\_\_

Is the home a single family detached dwelling?  YES or  NO

**Details of the Business**

|   |  |
|---|--|
| Number of people engaged in business at the residence who live at the residence:  |  |
| Number of people engaged in business at the residence who <b>do not</b> live at the residence:  |  |
| What are the hours of operation?  |  |
| What area and/or rooms of the residence will be used for the business?  |  |
| Number of clients/customers expected to visit the residence per week for business purposes  |  |
| In the space below, please write a statement regarding the type of business that will operate at the residence and the type of business activities that will occur: |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

**General Questions**

|  |   |
|--|---|
| Will the home occupation be carried on entirely indoors?   | <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| Will the appearance of the residential structure be altered in any way which will cause the premises to differ from its residential character? (e.g., through the use of colors, materials, construction, lighting, show windows, or advertising visible outside the premises to attract customers or clients) | <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| Will there be any equipment or processes that create noise, vibration, glare, fumes, odors, dust, electrical interferences or other disturbances?  | <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| Will there be equipment or processes that create visible or audible interference with any radio or television receivers off the premises?  | <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| Will there be any outdoor storage of materials or refuse?  | <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| Will there be goods publicly displayed?  | <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| Will business deliveries be made to the residence?   | <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| If business deliveries will be made to the residence, please write a statement describing the type, frequency, and anticipated times of deliveries:  |   |
|  |   |
|  |   |

**Signs (Regulated by Chapter 19 of the Borough Code of Ordinances)**

|  |   |
|--|---|
| Will there be a sign on the property?  | <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| Will it be larger than 3 square feet per side?                                   | <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| Will the sign be illuminated?  | <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| Will the sign be in a window?  | <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| Have you applied for a sign permit? <i>This requires a separate application.</i> | <input type="checkbox"/> YES or <input type="checkbox"/> NO |

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### Vehicles and Parking

|  |   |
|--|---|
| How many commercial vehicles will be parked on the property?   | <input type="checkbox"/> YES or <input type="checkbox"/> NO<br><input type="checkbox"/> N/A |
| Will the commercial vehicles be parked in a garage, enclosed structure, or suitably screened from view from adjacent properties and streets? | <input type="checkbox"/> YES or <input type="checkbox"/> NO<br><input type="checkbox"/> N/A |
| How many off-street parking spaces are provided on the lot?  |   |
| Will any commercial vehicles be parked in the front yard?  | <input type="checkbox"/> YES or <input type="checkbox"/> NO<br><input type="checkbox"/> N/A |

### Additional Questions for Specific Use Types

|  |   |
|--|---|
| <b>F1a Professional Offices:</b> No additional questions   |   |
| <b>F1b Personal Services:</b>  |   |
| How many beauty parlor or barber chairs will be available (if applicable)?                                     |   |
| <b>F1c Instructional Services:</b>   |   |
| Will there be instruction with musical instruments?  |   |
| <b>F1d Home Crafts:</b>  |   |
| Will there be any employees other than members of the immediate family?  | <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| <b>F1e Family Day Care:</b>  |   |
| How many children will be cared for?   |   |
| How many employees other than the members of the immediate family will be employed?                            |   |
| Does the applicant have a license from the Department of Public Welfare, Bureau of Child Development Programs? | <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| What is the size of the recreational area in square feet (cannot include impervious surface or parking area)?  |   |
| Is the recreational area enclosed by an unclimbable fence?   | <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| Is the outdoor play area located to the side or rear of the property?  | <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| <b>F1f Trade Business:</b>   |   |
| How many employees will be employed other than members of the immediate family?                                |   |
| How many business vehicles will be parked on the property?   |   |
| Will the business vehicles be parked in the front of the property?   | <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| <b>F1g Repair Services:</b>  |   |
| How many employees will be employed other than members of the immediate family?                                |   |
| <b>F9 No-Impact Business:</b>  |   |
| How many employees will be employed other than members of the immediate family?                                |   |
| Will there be display or sale of retail goods?   | <input type="checkbox"/> YES or <input type="checkbox"/> NO |

By signing this form, the applicant is certifying that he/she is empowered by the owner of the subject property to make application on his/her behalf. The applicant also gives Dublin Borough permission to access the property for all necessary inspections.

**Print Name of Applicant:** \_\_\_\_\_

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

**Signature of Applicant:** \_\_\_\_\_

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

**To be Completed by Borough Staff**

*Permit Submission Checklist*

Permit Deposit?  Yes  No  N/A  
 Is the application signed?  Yes  No  N/A  
 TMP #: 10—\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Zoning District** (circle one):

|     |     |      |      |    |     |     |
|-----|-----|------|------|----|-----|-----|
| R-1 | R-2 | TC-2 | TC-2 | IP | IND | PVD |
|-----|-----|------|------|----|-----|-----|

**Zoning Use:** \_\_\_\_\_

Is the property in any of the Floodplain Districts?  YES  NO (if yes, floodplain permit required)  
 Are there any variances or easements which will affect this permit?  YES  NO

| Reviewers       | Signature | Date | Status  |                                 |                              |
|-----------------|-----------|------|---|---------------------------------|------------------------------|
| Zoning Officer  |           |      | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |                                 |                              |
| Engineer        |           |      | <input type="checkbox"/> Approved                                 | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| Water & Sewer   |           |      | <input type="checkbox"/> Approved                                 | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| Board of Health |           |      | <input type="checkbox"/> Approved                                 | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| Other           |           |      | <input type="checkbox"/> Approved                                 | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |

Reason for denial: \_\_\_\_\_

**Fees**

|        |    |       |    |
|--------|----|-------|----|
| Zoning | \$ | Other | \$ |
| Other  | \$ | TOTAL | \$ |