

EAST GOSHEN TOWNSHIP
HOME OCCUPATION, HOME RELATED BUSINESSES & NO-IMPACT
HOME-BASED BUSINESS APPLICATION
1580 PAOLI PIKE WEST CHESTER, PA 19380-6199
PHONE (610)-692-7171 FAX (610)-692-8950

The purpose of this application is to apply for a permit for a home occupation, home related business or no-impact home-based business as defined in section 240-6 of the East Goshen Township Code and regulated by the provisions of sections 240-32.J (Home Occupations), 240-32.K (Home Related Business) and 240-32.U (No-impact Home-based Business).

(Please Print)

Applicant Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Property Information:

Property Owner's Name: _____

Phone Number: _____

Address: _____

TPN: _____

Square Footage of Dwelling Unit: _____

Proposed Use

Type of use:

- Home Occupation
- Home-Related Business
- No-impact Home Based Business

Nature of your business: _____

Business Name(If Applicable): _____

Square Footage Devoted to Business: _____

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Questions

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:

| Vehicles | Number | Weight (for vehicles) |
|----------|--------|-----------------------|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

What other businesses are operated from your property?

Type of Home:

- Single Family Detached Dwelling
- Multi-family Dwelling

This application must be accompanied by the following:

- Plot plan of the property showing all structures, driveways and existing landscaping.
- Plan showing proposed off-street parking areas, landscaping and sign location.
- Floor plan of the building used for the proposed business, with business space clearly delineated.
- Copy of all permits or licenses required by other 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.

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Certification

I hereby certify that the owner of record authorizes the proposed use, 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 to inspect the property prior to the issuance of a permit and during the conduct of the proposed use.

Signature: _____

Name: _____

Date: _____

OFFICIAL USE ONLY

Determined to be: Home Occupation No-Impact HRB Prohibited

Permit required: Y N

Conditional Use: Y N

Attach photos of exterior of property:

APPROVAL:

YES

NO

Official Signature: _____ Date: _____

Permit No: _____