

## BOROUGH OF FOX CHAPEL HOME OCCUPATION REGISTRATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NOS. DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_

NAME AND SOCIAL SECURITY NUMBER OF ALL INDIVIDUALS INVOLVED IN THE HOME OCCUPATION, INCLUDING FAMILY MEMBERS:

<u>NAME</u>	<u>SS #</u>
_____	_____
_____	_____
_____	_____
_____	_____

DESCRIBE HOME OCCUPATION IN SUFFICIENT DETAIL TO DETERMINE COMPLIANCE WITH ORDINANCE NUMBER 539:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- |   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| <p>1. Will there be any exterior sign or display?<br/>If you answered yes, what are the sign's dimensions? _____</p>  | <p>Y</p> <input type="checkbox"/> | <p>N</p> <input type="checkbox"/> |
| <p>2. Will there be any alteration(s) made to the structure to accommodate the home occupation?<br/>If you answered yes, describe alterations: _____</p> <p>_____</p> | <input type="checkbox"/>          | <input type="checkbox"/>          |
| <p>Will the primary use of the property be residential?</p>   | <input type="checkbox"/>          | <input type="checkbox"/>          |
| <p>3. Will traffic increase as a result of the home occupation?</p>   | <input type="checkbox"/>          | <input type="checkbox"/>          |
| <p>4. Will all parking be off street?<br/>Number of parking spaces provided: _____</p>  | <input type="checkbox"/>          | <input type="checkbox"/>          |
| <p>5. Will any part of the home occupation be carried on outside of the dwelling?</p>   | <input type="checkbox"/>          | <input type="checkbox"/>          |
| <p>6. Will any materials be stored outside of the dwelling?</p>   | <input type="checkbox"/>          | <input type="checkbox"/>          |
| <p>7. Will the home occupation generate any noise or odors?<br/>If yes, describe: _____</p> <p>_____</p>  | <input type="checkbox"/>          | <input type="checkbox"/>          |

8. Does the home occupation involve wholesale or retail sales of products not produced on the premises? (Does not include telephone transaction or sporadic sales where no inventory is kept on the premises such as Tupperware sales.) Y  N   
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Will more than three persons be involved in home occupation, including family members?

10. Will there be more than eight business visitors at any one time?

ADDITIONAL COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UNDER PENALTY OF LAW, I (WE) CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

NAME PRINTED \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
\_\_\_\_\_

NAME PRINTED \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_  
\_\_\_\_\_