

Schuylkill Township  
111 Valley Park Road  
Phoenixville, PA 19460  
610-933-5843  
[www.schuylkilltwp.org](http://www.schuylkilltwp.org)

## HOME OCCUPATION PERMIT APPLICATION

### Property Information: (Please print)

Property Address: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Tax Parcel Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

### Applicant Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
  
Business Name: \_\_\_\_\_

### Proposed Use:

Home Occupation, Class A - No-Impact (ZO 370-137)      Total square ft of dwelling: \_\_\_\_\_  
 Home Occupation, Class B – (ZO 370-141)      Square footage for business: \_\_\_\_\_

Nature of Proposed Business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Questions: (must complete in entirety)

Will you have customers or clients visit your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you have non-family employees on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many employees?	<hr/>	
Will you have independent contractors on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you have deliveries made to your site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, approximately how many times per week?	<hr/>	
Will you conduct direct sales or products on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What are your days & hours of operation?	M T W Th F S S	_____ hrs

Does your business require a license or permit from any other County, State or Federal Agency?  Yes  No  
If yes, provide copies of licenses/permits obtained.

Type of dwelling:  Single Family  Single Family Attached  Multi- Family

**This application must be accompanied by the following:**

1. Plot plan showing property & structures
2. Plan showing proposed off street parking (if required), landscaping and sign location.
3. Floor plan of the building being used for business purposes with business space clearly marked.
4. Copies or all permits or licenses required by other agencies.

*I hereby certify that the proposed use is authorized by the owner of record, that I have been authorized by the owner to make this application, or that I am the owner of record, and we agree to conform to all applicable laws of this jurisdiction. I have examined this application, its requirements and to my knowledge and belief, is a true correct and complete application.*

Applicant's Signature: \_\_\_\_\_

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

**OFFICE USE ONLY**

Submitted Documents:

Plot Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Building plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Specifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Application Complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Application Signed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Zoning Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Notified Applicant: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Date Application Received in Township: \_\_\_\_\_