

CITY OF ALIQUIPPA

APPLICATION FOR HOME OCCUPATION

Name: _____

Address: _____

Zoning Classification: _____

Type of Business: _____

Will business be conducted wholly within the Principal Building or Accessory Building? _____

How many non-family members will be employed? _____

Do you understand that the storage of stock inside the building or on the exterior of the lot is prohibited? _____

Will there be exterior signage related to the business? _____

Will there be any offensive noise, vibration, smoke, dust, odors, heat, glare or electrical disturbance generated by the home occupation? _____

How many off street parking spaces will be provided for employee vehicles and visitors in addition to those required for a residential dwelling? _____

Will more than twenty percent (20%) of the gross floor area of the dwelling unit be utilized for the home occupations? _____

I hereby acknowledge that the answers to the above questions are true and correct and that any misrepresentation contrary to the requirements of the City of Aliquippa Zoning Ordinance will result in the application being denied or revoked. I, the undersigned, do hereby understand and accept these conditions.

Date

Signature

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This application for a home occupation is approved _____ denied _____

Reason for denial: _____

Date

Zoning Officer