



HARBORCREEK TOWNSHIP Home Occupation Application

5601 Buffalo Road
Harborcreek, PA 16421
(814) 899-3171

Index No. (27) _____
Date _____
Fee _____ \$500.00

Applicant's Information

Applicant's Name _____
Property Owner [] Lessee [] Equitable Owner []

Applicant's Address _____

Phone Number _____

Name of Proposed Business _____

Property Information

Erie County Index No. (27) _____ Zoning Classification _____

Property Address _____

Property Owner, if applicable _____

If applicant is a tenant the property owner shall give written authorization for approval to conduct a Home Occupation at the referenced property. If applicable, Township requires a copy of the authorization. Included with application? Yes [] No []

Use Information

Proposed Business Activity _____

Hours of Home Occupation Hours _____

Please answer each question below

- Is the property owner occupied? Yes [] No []
- Is the property a single family dwelling? Yes [] No []
- Is the property a duplex dwelling? Yes [] No []
- Is the property an apartment? Yes [] No []
- Total square feet of gross floor area of home _____ sq. ft.
- Total square feet of area for home occupation _____ sq. ft.
- Where will the home occupation business be located inside of dwelling unit? _____
(Applicant shall submit a site plan of rooms located in dwelling, specifically where business will be located)
- Proposed number of employee, including self _____

HOME OCCUPATION APPLICATION

- 9. Will the business involve the use of vehicles? Yes No
- 10. Will the business involve vehicle(s) over two (2) ton? Yes No
(does not include FedEx, US Mail, or UPS)
- 11. Does the business require exterior storage? Yes No
- 12. Will the business generate noise, dust, fume, odors, smoke, or any other hazard or nuisance? Yes No
- 13. Will the business increase water, sewer, or refuse utilities than the average use for a dwelling? Yes No
- 14. Does the property have the availability of off-street parking for patrons? Yes No
(Applicant must submit a parking plan)

Please Note: Applicant shall read the criteria of a Home Occupation. In order for a request to operate a home occupation be granted the applicant must meet the criteria in Zoning Ordinance, Section 1803, A. Home Occupations. (see attached)

Applicant's Signature Required

I attest that the information provided with this application accurately reflects the operational activities to be associated with this Home Occupation at provided address. I also understand that if the operational activities for this Home Occupation are to change from those noted in this application, that a new application must be completed and filed with Harborcreek Township. I further understand that if the Home Occupation is not operated consistent with the information contained in this application or if the operations become a nuisance to adjoining property owners and neighbors then the Home Occupation will not be permitted to continue and will be required to cease operations and may be subject legal remedies for zoning non-compliance.

Signature of Applicant(s) _____ Date _____

TO BE COMPLETED BY ZONING ADMINISTRATOR

- Applicant received Home Occupation Criteria Yes No
(Zoning Ordinance Article XVIII, Section 1803)
- Zoning Office received Site Plan Yes No
- Zoning Office receive Parking Plan Yes No

Zoning Administrator Signature _____ Date _____

Supervisors refer to Planning Commission Date _____

Planning Commission Meeting Date _____

Supervisor Public Hearing Date _____

A Public Hearing must take place within 60 days of application date