

Myerstown Borough Zoning Home Occupations Questionnaire

Subject Property		
Assessor's Parcel Number(s)		
Property Address or Site Location		
Owners Name:		Phone:
Address:		Fax:
City/State:	ZIP:	Email:

In order for the zoning officer to determine if the proposed home occupation is permitted under the Myerstown Borough Zoning Ordinance, the applicant will need to provide some information that is directly related to the review of a proposed home occupation use.

INSTRUCTIONS

Please review and **answer all** of the questions listed below. Should your answers require additional information, please use a separate sheet of paper. When utilizing a separate sheet of your response to any given questions, **you must** indicate the question number that your answer is associated with.

Example:

“1. No – I will be using a detached garage to store materials in.”

SECTION A

- (1) Will the use only be conducted by one or more permanent residents of the dwelling and the maximum of one non-resident employee?
 Yes No (If no, please explain on a separate sheet of paper)
- (2) Will the use be conducted indoors of the principal and/or accessory building?
 Yes No (If no, please explain on a separate sheet of paper)
- (3) Will there be any outdoor storage or display related to the home occupation?
 Yes No (If yes, please explain on a separate sheet of paper)
- (4) Will there be any changes to the exterior of a building that would reduce its residential appearance as viewed from a street?
 Yes No (If yes, please explain on a separate sheet of paper)
- (5) Will the use occupy an area that is not greater than 25 percent of the total floor area of the principal dwelling unit?
 Yes No (If greater than 25 percent, please explain on a separate sheet of paper)

- (6) Is there available off-street parking, if the Zoning Hearing Board determines that it is necessary for customer parking?
 Yes No (If no, please explain on a separate sheet of paper)
- (7) Will there be any routine deliveries by tractor-trailer trucks?
 Yes No (If yes, please explain on a separate sheet of paper)
- (8) Will vehicles that are associated with the home occupation conform to the requirements of Section 27-603.13.C? (see below)
 Yes No (If no, please explain on a separate sheet of paper)

“C. Parking of Commercial Trucks and Buses. The overnight outdoor parking of commercial trucks, commercial buses or excavating equipment or the trailer from a tractor-trailer combination on a principal residential lot in a Residential District is prohibited, except that the parking of a maximum of one vehicle with a gross vehicle weight of up to 13,000 pounds shall be allowed if such vehicle(s) is used by residents of the dwelling to travel to and from work. The parking for more than one hour per day of trucks carrying gasoline or similar hazardous or explosive materials or that are used to carry putrescent garbage is prohibited in a Residential District. For on-street parking of commercial equipment, see a separate ordinance in Chapter 15, Part 9.”

- (9) Will there be any equipment or machinery that will produces noise, noxious odor, vibration, glare, electrical or electronic interference detectable on another property?
 Yes No (If yes, please explain on a separate sheet of paper)
- (10) Will the use involve the storage or use of hazardous, flammable, or explosive substances, "toxic" or "highly hazardous" substances other than types and amounts typically found on a residential property?
 Yes No (If yes, please explain on a separate sheet of paper)
- (11) Will the use be conducted in a manner that is perceptible to other residents between the hours of 9 p.m. and 7:30 a.m.?
 Yes No (If yes, please explain on a separate sheet of paper)
- (12) Will any tutoring or instruction be limited to a maximum of 3 students at a time?
 Yes No (If no, please explain on a separate sheet of paper)
- (13) Will a proposed barber or beauty shop include any non-resident employees?
 Yes No (If yes, please explain on a separate sheet of paper)

- (14) Will the use involve a main office of a medical doctor, chiropractor, or dentist?
 Yes No (If yes, please explain on a separate sheet of paper)
- (15) Will the use include the maximum of a single two square foot non-illuminated sign, as permitted in Section 27-1203?
 Yes No (If yes, please photo or drawing of the sign on a separate sheet of paper)
- (16) Will the use involve any manufacturing, other than of custom crafts and sewing?
 Yes No (If yes, please explain on a separate sheet of paper)
- (17) Will the home occupation involve commercial repair of motor vehicles?
 Yes No (If yes, please explain on a separate sheet of paper)
- (18) Will the use include sales using a telephone, mail order, or electronic methods?
 Yes No (If yes, please explain on a separate sheet of paper)
- (19) Will the use include any on-site retail sales other than the sales of hair care products as accessory to a barber/beauty shop?
 Yes No (If yes, please explain on a separate sheet of paper)
- (20) Will there be more than one home occupation associated with this dwelling?
 Yes No (If yes, please explain on a separate sheet of paper)

B. In addition to the requirements listed in "A" above, the following additional requirements shall apply to a "Low Impact Home Occupation:"

- (1) Will the use routinely involve the routine daily visits to the home occupation by customers?
 Yes No (If yes, please explain on a separate sheet of paper)
- (2) Does the use meet the definition of "Home Occupation, Low Impact" in Section 27- 1502? (see below)
 Yes No (If no, please explain on a separate sheet of paper)

"B. Low Impact Home Occupation. A business or commercial activity administered or conducted as an accessory use which is clearly secondary to the use as a residential dwelling and which involves no customer, client, or patient traffic, whether vehicular or pedestrian, pickup, delivery or removal functions to or from the premises, in excess of those normally associated with residential use. The business or commercial activity must satisfy the following requirements:

1. *The business activity shall be compatible with the residential use of the property and surrounding residential uses.*
2. *The business shall employ no more than one employee, other than family*

- 3. *members residing in the dwelling.*
- 3. *There shall be no display or sale of retail goods and no stockpiling or inventory of a substantial nature.*
- 4. *There shall be no outside appearance of a business use, including, but not limited to, parking, signs, or lights, except for one home occupation sign allowed by Part 12.*
- 5. *The business activity may not use any equipment or process which creates noise, vibration, glare, fumes, odors, or electrical or electronic interference, including interference with radio or television reception, which is detectable in the neighborhood.*
- 6. *The business activity may not generate any solid waste or sewage discharge, in volume or type, which is not normally associated with residential use in the neighborhood.*
- 7. *The business activity shall be conducted only within the dwelling and may not occupy more than 25% of the habitable floor area.*
- 8. *The business may not involve any illegal activity.”*

Owner / Applicant Certification

By my signature below, I hereby certify the following:

- 1. I understand that if my application is denied, there is no refund of fees paid.
- 2. I understand that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of the applicant, such as might or would operate to cause a refusal of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit, without the approval of the zoning office, shall constitute sufficient ground for the revocation of the permit.
- 3. I understand that this permit applies to Myerstown Borough only and shall not relieve me from obtaining such other permits as may be required by law.
- 4. I certify that the information provided in this application, including attachments, is accurate and correct to the best of my knowledge.
- 5. I certify that I am authorized by the owner to make the foregoing application and that, before I accept any permit for which this application is made, the owner shall be made aware of all of the conditions of the permit.
- 6. I understand that if I unknowingly make any false statements herein I am subject to such penalties as may be prescribed by law or ordinance.

Signature (Blue Ink):		Date:
Print Name:		Phone:
Address:		Fax:
City/State:	ZIP:	Email: