

**RICHLAND TOWNSHIP
BUCKS COUNTY**

1328 California Road, Ste. A
Quakertown, PA 18951

Phone: (215) 536-4066 Fax (215) 538-3020

www.richlandtownship.org

ACCESSORY HOME OCCUPATION PERMIT APPLICATION

PERMIT # _____

Property Address: _____

Tax Map Parcel Number _____ Zoning District _____

Property Owner's Name: _____

Phone: _____

Business Name: _____

Business Owner's Name (if different from above): _____

Phone: _____

Check Type of Home Occupation:

Examples Include:

___ H1a Professional Offices

Office facility of a salesman, sales representative, manufacturer's representative. Office facility of an architect, engineer, broker, dentist, physician, psychiatrist, insurance agent, land surveyor, lawyer, musician, real estate agent, accountant, minister, rabbi, or priest.

___ H1b Personal Services

Barber, beautician, shoe repair, tailor, photographer, travel agency.

___ H1c Instructional Services

Provides client special instruction in specific area.

___ H1d Home Crafts

Artists, sculptors, dressmakers, seamstresses, tailors, model making, rug weaving, lapidary work, and furniture making.

___ H1e Family Day Care

Care for four to six children or up to four disabled and/or elderly persons at any one time who are not relatives of the caregiver.

Check Type of Home Occupation:

Examples Include:

___ H1f Group Child Day Care Center

Care for more than six but not more than twelve children at any one time who are not relatives of the caregiver.

___ H1g Adult Day Care Center

Care for six or more elderly and/or disabled adults at any one time who are not relatives of the caregiver.

___ H1h Trades

Electrician, plumber, carpenter, mason, painter, roofer, or similar occupation.

___ H1i Repair Services

A repair shop for appliances, lawn mowers, watches, guns, bicycles, locks, small business machines and other goods, but NOT including automobile, truck and motorcycle repairs.

___ H1j No-Impact Home Based Business

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, pick up, delivery, removal functions to or from the premises.

Details of the Home

What is your lot size (in either acres or square feet)? _____

What is the total square footage of your home? _____

What is the square footage of the ground floor of the principal residential structure, excluding garage? _____sq. ft.

What is the total square footage that will be devoted to the home occupation? _____ sq. ft.

NOTE: If the floor area devoted to the home occupation is more than 25% of the ground floor of the principal residential structure, the application will be denied.

Details of the Home Occupation

Number of people engaged in business at the residence who live at the residence? _____

Number of people engaged in business at the residence who **Do Not** live at the residence? _____

What are the hours of operation? _____

What area and /or rooms of the residence will be used for the business? _____

Number of clients/customers expected to visit the residence per week for business? _____

Provide a brief description in writing a statement regarding the type of business that will operate at the residence and the type of business activities that will occur? _____

General Questions

Will the home occupation be carried on entirely indoors? Yes___ No___

If No, the application will be denied.

Will the appearance of the residential structure be altered in any way which will cause the premises to differ from its residential character? (e.g., through the use of colors, materials, construction, lighting, show windows, or advertising visible outside the premises to attract customers or clients) Yes___ No___

If yes, the application will be denied.

Will there be any equipment or processes that create noise, vibration, glare, fumes, odors, dust, electrical interferences or other disturbances? Yes___ No___

If yes, the application will be denied.

Will there be equipment or process that create visible or audible interference with any radio/television receivers off the premises? Yes___ No___

If yes, the application will be denied.

Will there be any outside storage of materials or refuse? Yes___ No___

If yes, the application will be denied.

Will business deliveries be made to the residence? Yes___ No___

If yes, please provide a brief description describing the frequency, type, and anticipated time of deliveries_____

Parking and Vehicles

How many parking spaces will be provided for the residential use?_____

How many commercial vehicles will be parked on the property?_____

What type of commercial vehicles will be parked at property?_____

Will the commercial vehicles be parked in a garage or enclosed structure?_____

Note: If more than one commercial vehicle is parked outside of a garage or an enclosed structure, the application will be denied.

Will vehicles be parked in the front yard? Yes___ No___

If yes, the application will be denied.

Will vehicles be parked less than 10 feet from the property line? Yes___ No___

If yes, the application will be denied.

If there will be 3 or more off street parking spaces, will the parking be screened by evergreen hedge material placed on 3 foot centers or a four to five foot fence for a visual screen? Yes___ No___

If no, the application will be denied.

Additional Questions Specific Accessory Use Types

H1b Personal Services:

How many beauty parlor or barber chairs will be provided? _____

H1c Instructional Services:

What is the maximum # of students being taught at one time? _____

If musical, what is the maximum # of students being taught at one time? _____

H1e Family Day Care, H1f Group Child Day Care, & H1g Adult Day Care Center

Does the applicant have a license from the Department of Public Welfare and/or the Department of Aging? Yes___ No___

How many children, disabled children/elderly persons, or adults being cared for? _____

What is the size of the recreation area in square feet? _____

Note: The recreation area shall not include impervious surface or parking areas.

Is the recreation area enclosed by a four foot high fence? Yes___ No___

Is the outdoor play area located to the side or rear of the property? Yes___ No___

H1h Trades

Will there be manufacturing, processing or sales conducted on the property? Yes___ No___

Signs

Will there be a sign on the property? Yes___ No___

If so, a sign permit will be required under separate application.

Note: Applications cannot be processed without two copies of a property plan!

I hereby certify that all the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

Signature of Applicant _____ Date: _____

FOR TOWNSHIP USE ONLY

Zoning Officer/Code Enforcement Officer _____

Date _____ Approved _____ Denied _____

Fee: \$ _____

Reason for denial: _____

