

**HONEY BROOK TOWNSHIP
NO-IMPACT HOME OCCUPATION PERMIT APPLICATION**

Date Stamp _____

Name: _____ Address: _____

Phone: _____ Zoning District: _____ Tax Parcel #: _____

Date home occupation starts: _____

Please circle what best describes your activity:

- | | |
|----------------------|---|
| Artist | Individual musical instruction |
| Artisan | Individual tutoring |
| Author | Office facility |
| Barber | Preparation of food/food products to be sold or served off site |
| Beautician | Telephone solicitation |
| Composer | Taxi, limousine or hauling services. |
| Sewing and tailoring | Other: _____ |

Is there exterior evidence of the activity, including: signs, lighting, or the display, inventorying, or stockpiling of goods? (circle) yes/no

Do you conduct retail sales, exclusive of telephone solicitation? (circle) yes/no

Do you have a vehicle, other than a passenger car/ light truck, for the home occupation? (circle) yes/no
If yes: What is the Gross Vehicle Weight Rating (on registration)? _____
How many rear axles does the vehicle have? _____

Do you have anyone engaged in the home occupation who is not a resident of the dwelling? (circle) yes/no

What is the total floor area (in square feet) of your dwelling unit? _____
How many square feet do you use for the home occupation activity? _____

Do you receive deliveries from outside vendors? (circle) yes/no
If yes: How many times per week? _____
How (what size/kind of truck) are deliveries made? _____

Does the activity use any equipment or process that creates noise, vibration, glare, fumes, or odors? (circle) yes/no
If yes, how do you control these conditions? _____

Does the activity generate any solid waste or sewage discharge in volume or type that is not normally associated with your residence? (circle) yes/no

How many times per day does a customer, client, delivery person, sales person or supplier visit your home occupation in a vehicle? _____

By my signature on this application, I agree to conform to all requirements of the zoning ordinance and regulations of applicable governmental agencies and authorize the zoning officer to inspect the use as necessary.

Signed: _____ Date: _____

Office Use Only		Permit # _____
Approved by: _____	Date: _____	Fee: _____
Signature		Paid by: Cash _____
HBT Ordinance #27-1602.O		Check # _____