



RE: Minor Home Occupation

Dear Applicant:

Attached is an application for a Certificate of Occupancy for a **Minor Home Occupation**. Please fill out as neatly and completely as possible and return it to the Building and Planning Department for review. This form must be notarized and a **\$140.00** fee, payable to Lower Merion Township, must accompany each application.

If your use meets the requirements of a Minor Home Occupation, a Certificate of Occupancy will be issued. You will also be required to obtain a business license from the Lower Merion Township Finance Department. The Certificate of Occupancy will be held until the business license from the Finance Department is issued.

Any application, which is not legible or is incomplete will be returned. If additional information, not called for on this application is needed, you will be notified accordingly.

Please be advised that the operation of any home occupation without a Certificate of Occupancy and a Business Privilege License is a violation of the Lower Merion Township Code.

If you have any questions concerning home occupations, please contact me at 610-645-6172 or mwylie@lowermerion.org.

Sincerely,

Michael Wylie, Zoning Officer
Building and Planning Department

TOWNSHIP OF LOWER MERION
APPLICATION FOR A CERTIFICATE OF OCCUPANCY
FOR A MINOR HOME OCCUPATION

(Please print or type in answers. If more space is needed please use separate sheets)

NAME OF HOME OCCUPATION: _____

APPLICANT: _____ TELE NO. _____

E-MAIL ADDRESS: _____

LOCATION: _____

TYPE OF OPERATION: _____

OWNER OF PROPERTY: _____

(1) Do you have a Lower Merion Township Business Privilege License? _____

If so, what is your Account No.? _____

(2) Is this your principal residence? _____ If not explain: _____

(3) What functions will actually occur at the property during the normal day to day operation of the Home Occupation? _____

(4) Will you operate alone from this location? _____ If not explain: _____

STAMP RECEIVED:
(Township Use)

(5) Do any employees work on the premises? _____ If yes, what will be their function? _____

Are they required by law to accompany you during the operation of your Home

Occupation? _____ If so explain: _____

(6) What will be your hours of operation? _____

(7) What is the maximum number of commercial traffic visits that you will have between the hours of 9:00 A.M. and 9:00 P.M.? _____

Between 9:00 P.M. and 9:00 A.M.? _____

(See definition of commercial traffic visit in Zoning Ordinance)

(8) What floor or floors will you operate your Home Occupation from? _____

(9) How many square feet of area will your Home Occupation occupy? _____

(10) Will alterations be necessary to accommodate this Home Occupation? _____ If so explain in detail: _____

(11) How many off-street parking spaces (Minimum 9 x 19 ft.) are provided on this property?*

*You must provide a scaled plot plan that shows a total of four 9' x 19' off-street parking spaces. These spaces must be located out of the front yard setback and oriented so that they may move free and independently of each other.

(12) Do you have any signs visible from the exterior of the property? _____ If so give size, description and location: _____

(13) Are you aware of any Home Occupations operating within 500 feet of your property If so, where? _____

(14) Will any area outside of the building be used in conjunction with your Home Occupation? _____ If so, explain: _____

(15) Are goods be publicly displayed on the premises? _____ If so, explain: _____

(16) Do you request the use of a business vehicle on the property? _____ If so, detail the type of vehicle and the location of its parking space: _____

(17) Will the existence of your Home Occupation be visible from the exterior of the property? _____ If so explain: _____

(18) Will your use of the property produce more than four (4) commercial traffic visits per day? _____ If so, explain: _____

(19) Will your use of the property produce more than one (1) commercial traffic visit per hour? _____ If so, explain: _____

(20) Will you be generating any commercial traffic visits other than during the hours of 9:00 A.M. and 9:00 P.M.? _____ If so, explain: _____

(21) Do you operate this business activity at any other location? _____ If so where? _____

(22) What is your principal occupation and where is it principally conducted? _____

Commonwealth of Pennsylvania

County of: _____

The undersigned swears that all information provided above and attached hereto is true and correct. Applicant understands that he or she is restricted by the Lower Merion Township Zoning Code and is bound by the information provided above. Any deviation from the terms under which the Certificate of Occupancy is issued will result in cancellation of the Certificate and termination of the use.

Signature of Applicant: _____

Date: _____

Subscribed and sworn to
Before me this _____ day of _____ 20 _____

Notary Public

OFFICIAL USE ONLY

Received By _____
Certificate No. _____

Approved by _____
Receipt #: _____

COMMENTS:

