

# Washington Township Home Occupation

Name \_\_\_\_\_

Address \_\_\_\_\_

Zoning District \_\_\_\_\_ Home Occupation Use \_\_\_\_\_

Home Occupation \_\_\_\_\_ No Impact Home Based Business \_\_\_\_\_

1. How many non-resident employees will be engaged in the business? \_\_\_\_\_
2. Approximately how much of the dwelling will be used for the business (percent) \_\_\_\_\_%
3. Will there be any change to the exterior of the home or exterior evidence of the business? Y or N
4. Will there be a business sign associated with the home occupation? Y or N

If yes, the sign must meet the regulations stated in section 441.1. The sign will be no larger than 2 square feet and it must be attached to the residence. It will not project more than 6" from the residence. Lighting of the sign may not be used after 10pm.

5. If parking is required, how many feet from the property lines will the parking area be located?  
Front lot line \_\_\_\_\_ Side Lot Line \_\_\_\_\_ Side Lot Line \_\_\_\_\_ Rear lot Line \_\_\_\_\_
6. Will there be any equipment or processes that will create: noise, vibration, glare, fumes, odors, or electrical interference detectable off the premises? (more details in section 450.5) Y or N
7. Is there a communications tower in connection with the home occupation? Y or N
8. Will there be any chemicals discharged into the sewage system? Y or N
9. Is this a secondary business or job? Y or N (If no, you may need to pay a Local Service Tax)  
See the tax collector for more information.

Owner's signature \_\_\_\_\_ Date \_\_\_\_\_

Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_