

# APPLICATION FOR HOME OCCUPATION PERMIT

## BOROUGH OF SCOTTTDALE

Fee	Date Paid	Check Number

NAME OF APPLICANT

TELEPHONE NUMBER

MAILING ADDRESS

ZIP CODE

PHYSICAL ADDRESS OF PROPERTY (if different from mailing address)

DESCRIPTION OF PROPOSED USE/HOME OCCUPATION:

Any resident of the Borough of Scottsdale who proposes to establish a home occupation in a residential dwelling unit must receive a permit from the Borough of Scottsdale. The following information is required before a permit may be granted for a home occupation to determine if the home occupation will be compliance with the requirements of the Borough of Scottsdale Zoning Ordinance.

Please answer the following questions and attach any additional sheets if necessary.

1. Please describe the residential unit to be used for the home occupation:

a. \_\_\_\_\_ Single family      \_\_\_\_\_ Two-family      \_\_\_\_\_ Multi-family

b. \_\_\_\_\_ Number of rooms in the residential unit, excluding bathrooms  
Which room will be used for the home occupation \_\_\_\_\_

2. Please describe the proposed home occupation:

a. Describe the nature and operation of the home occupation \_\_\_\_\_  
\_\_\_\_\_

b. What product or service will be rendered? \_\_\_\_\_  
\_\_\_\_\_

3. Please list all of the names of the residents of the residential dwelling unit who will operate the home occupation \_\_\_\_\_
4. Please list the names of any other persons who do not live in the residential dwelling unit but will be employed by the home occupation \_\_\_\_\_
5. What portion of the residential dwelling unit will be used for the home occupation:
  - a. Number of rooms \_\_\_\_\_
  - b. Number of square feet \_\_\_\_\_
  - c. List the percentage of the entire building that will be used for the home occupation \_\_\_\_\_

6. Will any building or other physical changes be required to the interior or exterior of the residential dwelling? \_\_\_\_\_

If yes, please describe the changes that will be required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Will the home occupation be open to the public? \_\_\_\_\_ If so, what hours will it be open to the public? \_\_\_\_\_

8. List the expected maximum number of customers, visitors or clientele expected to be served by the home occupation during any one (1) hour \_\_\_\_\_

9. How many off street parking spaces will be available for use by the home occupation? \_\_\_\_\_

10. How many curb parking spaces exist immediately in front of the residential dwelling unit? \_\_\_\_\_

11. Will there be an outside sign constructed to identify the home occupation? \_\_\_\_\_

If "yes", please indicate the following:

- a. The size and height of the sign: \_\_\_\_\_
- b. The location of the sign: \_\_\_\_\_
- c. Will the sign be lighted or flashing? \_\_\_\_\_

12. Will there be any show windows, displays, lights or other development which will be visible from the outside of the structure? \_\_\_\_\_

If "yes", please describe what will be visible from the outside:

\_\_\_\_\_

\_\_\_\_\_

13. Will the operation of the home occupation create any noise, odor, radiation, pollution, exhaust or other adverse effect which will affect the public health or safety or which will be experienced by other adjoining properties or residents? \_\_\_\_\_

If "yes", please describe: \_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF THE APPLICANT**

I, the Applicant and proposed operator of the above home occupation, hereby certify that this home occupation shall not detract from the residential character of the neighborhood and that all of the facts submitted in this application are true and correct and that any incorrect information or misrepresentation submitted shall be cause for the Borough to require cessation of the home occupation.

I also hereby certify and agree that the home occupation will be discontinued if changes occur in the character and operation of the home occupation, either through growth or expansion or for any other reason so that it no longer complies with the requirements of the Borough of Scottdale Zoning Ordinance. And, I further agree to notify the Borough of any changes that occur in the character and operation of the home occupation, should any occur.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**FOR OFFICIAL USE ONLY:**

\_\_\_\_\_ Permit Denied

Reason: \_\_\_\_\_  
\_\_\_\_\_

Signature

Date

\_\_\_\_\_ Permit Granted

Reason: \_\_\_\_\_  
\_\_\_\_\_

Signature

Date