

BOROUGH OF SCOTTDALE



10 Mt. Pleasant Road
Scottsdale, PA 15683
Phone: 724-887-8220 - Fax: 724.887-0195
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Application for Home Occupation Permit

FEE	DATE PAID	CHECK #

Name of Applicant

Telephone Number

Mailing Address

Zip Code

Physical Address of Property (If different than mailing address)

Zip Code

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 can be granted for a home occupation to determine if the home occupation will be in 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 and services will be rendered?
-
3. Please list all the names of the residents of the residential dwelling unit who will operate the home occupation:
-
4. Please list all the names of any other person that do not live in the residential dwelling unit but will be employed by the home occupation:
-
5. What portion of the 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? Y / N (Circle One)
- If yes, please describe the changes that will be required:
-
7. Will the home occupation be open to the public? Y / N (Circle One)
- If so, what hours will it be open to the public? _____
8. List the expected maximum number of customers, visitors, clientele expected to be served by the home occupation during any one (1) hour? _____
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9. How many off-street parking spaces will be used 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? Y / N (Circle One)
- If yes, please indicate the following: Size & Height of Sign _____
- Location of Sign: _____ Lighted or flashing? Y / N Circle One)

12. Will there be any show windows, displays, lights, or other development that will be visible from the outside of the structure? Y / N (Circle One)

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

13. Will the operation of the home occupation cause any noise, odor, radiation, pollution, exhaust, or any other adverse effects which will affect the public health or safety or which will be experienced by any other adjoining properties or residents? Y / N (Circle One)

If yes, please describe:

CERTIFICATE 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 Scottsdale 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 they occur.

Applicant Signature

Date

Phone Number