



Borough of Pottstown

Borough Hall, 100 East High Street
Pottstown, Pennsylvania 19464-9525

Licensing & Inspections Dept.

610-970-6520 Email: LNIAdmin@pottstown.org

Zoning Review Application: Home Occupation

It is important to verify which type of Home Occupation you are requesting and if it is permitted. The more precise and accurate the information provided, the better the Zoning Officer can assist you through this process. The questions on this form may not be all inclusive due to the diverse nature of home occupations.

- A. A \$50 zoning review fee, in the form of a check, must be submitted along with this form. Fees are non-refundable.
- B. Home Occupation submissions must be accompanied by a Zoning Permit application. Once approved, a one-time \$25 Home Occupation permit fee will then be applied.
- C. This fee and determination are specifically limited to 909.1(a)(2) of the Pennsylvania Municipalities Planning Code.

The Zoning Ordinance and map is available online @ www.pottstown.org.

1. Property Address _____ Unit# _____

Parcel #1600- _____ Zoning District _____

Please review and answer all of the questions listed below. Should your answers require additional information, please use a separate sheet of paper.

Chapter 27, §504.5 Impermissible Home Occupations. Under no circumstances shall any of the following be considered home occupations: operation of a clinic, hospital, rooming house, restaurant, motel, hotel, animal hospital, boarding kennel, breeding kennel, rescue network kennel, mortuary, vehicle or boat repair or painting shop, construction equipment or material storage, equipment or vehicle rental, furniture sales, eating services, plumbing services, air-conditioning services, laboratory or taxidermy shop, private club, bar or restaurant, antique shops or any similar use.

2. Property information:

- A. Provide an informal sketch on 8 1/2 x 11" paper (or larger) of the existing and proposed floor plans complete with dimensions (include total square footage), and location of doors and windows.
- B. Show all surrounding space in the building and note their uses and square footage.
- C. Show on-site parking to include number of spaces.

Historic Zone: Yes No

Do you own this property? Yes No

Will you live at this property? Yes No If no, enter address of residence _____

If you are a tenant of this property, a letter of support from the property owner is required to be submitted with this form. If any relief is required, the property owner is required to be a part of any and all hearings.

3. Business Information

1. What type of business are you requesting approval for? _____

2. If selling items or services, provide details _____

3. Will the use be conducted by a permanent resident of the dwelling?
 Yes No If no, explain _____

4. Will the use involve more than two persons working on-site?
 Yes No If yes, number of persons _____

5. Will the use be conducted indoors?
 Yes No If no, explain _____

6. Hours and Days of operation? _____

7. Number of clients expected to be on site at any given time _____

8. Will there be any outdoor storage or display related to the home occupation?
 Yes No If yes, explain _____

9. Will there be any changes to the exterior of a building that would reduce its residential appearance as viewed from a street?
 Yes No If yes, explain _____

10. Enter entire square footage of principle dwelling (do not include vehicle garage space) _____

11. Enter square footage of space to be used for home occupation _____

12. Will the use occupy an area that is greater than 25 percent of the total floor area of the principal dwelling unit?
 Yes No If yes, explain _____

13. Number of off-street parking spaces available on the parcel _____ *(Include on sketch)*

14. Is there an existing home occupation at this location?
 Yes No If yes, explain _____

15. Will the use regularly require delivery by trucks?
 Yes No If yes, explain and note size/type of truck _____

16. Will the use require any business vehicles to be parked overnight as part of a home occupation?
 Yes No If yes, enter # of vehicles _____
17. Will the use require any equipment or machinery that will produces noise, noxious odor, vibration, glare, electrical or electronic interference detectable on another property?
 Yes No If yes, explain _____
18. Will the use generate any solid waste or sewage discharge?
 Yes No If yes, explain _____
19. Will the use involve the storage or use of hazardous, flammable, or explosive substances, other than types and amounts typically found on a residential property?
 Yes No If yes, explain _____
20. Will the use require storage of any equipment or merchandise on site?
 Yes Explain _____
 No Explain where will equipment be stored _____
21. Does the use involve manufacturing, repairing, or other mechanical work?
 Yes No If yes, explain _____
22. Is the use to be a main office of a profession such as legal, medical, insurance, child/adult care, preparation of food products, or a use similar to those listed?
 Yes No If yes, explain _____
23. Is this a single-family detached home?
 Yes No If no, explain _____

Name of proposed new business: _____

Website address if applicable: _____

Owner of Property MUST sign and provide a letter of support for tenant:

Owner Name _____ Phone Number _____

Owner Address _____

Owner Email _____

Owner Signature _____ Date _____

Applicant Name _____ Phone Number _____

Applicant Address _____

Applicant Email _____

Applicant's Signature _____ Date _____

Applicant is: Business owner Other _____

Your application must be complete at the time of submittal. If one or more items are not complete the application may be returned to you so that you can make the necessary corrections.

Your proposed use must meet all state & federal requirements and licenses. Permits are required for Signage.

Office Use

Zoning Officer _____ Date _____

Notes:

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