



WARWICK TOWNSHIP

Dept. of Planning & Zoning
 1733 Township Greene,
 Jamison, PA 18929
 Phone: (215) 343-6100
www.warwick-bucks.org

For Warwick Township Use Only

Received by: _____

HOME OCCUPATION PERMIT APPLICATION

Permit #: _____

Site Information

Property Address: _____

Property Owner's Name: _____

Phone: _____ E-mail: _____

Business Name: _____

Business Owner's Name (if different from above): _____

Phone: _____ E-mail: _____

Company website: _____

Have you been issued a Home Occupation Permit for the same business, at this location in the past?
 Yes No

Check off the type of Home Occupation:	Examples include:
<input type="checkbox"/> B11a Professional Offices	Salesperson, sales representative, manufacturer's representative; architect, engineer, land surveyor; dentist, doctor, psychiatrist, veterinarian (without clinic or office with boarding facilities); lawyer, accountant, insurance agent; minister, rabbi, or priest office
<input type="checkbox"/> B11b Personal Services	Barbers, beauticians, photographers
<input type="checkbox"/> B11c Instructional Services	A maximum of four students at a time
<input type="checkbox"/> B11d Home Crafts	Artists, sculptors, dressmakers, seamstresses/tailors, model making, rug weaving, lapidary work, furniture making
<input type="checkbox"/> B11e Trades, Business	Electrician, plumber, carpenter, mason, painter, roofer, or similar occupation
<input type="checkbox"/> B11f Repair Services	A repair shop for small appliances, lawn mowers, watches, guns, bicycles, locks, small business machines, blade sharpening and other goods, but NOT automobiles, trucks, motorcycles, snowmobiles, all terrain vehicles, outboard motor and water jet ski vehicle repairs
<input type="checkbox"/> B11g Family Day Care	Supervising children who are not relatives of the caregiver

<input type="checkbox"/> B11h No-Impact Home-Based Business	A business or commercial activity administered or conducted as an accessory use to a residential use that is clearly secondary to the residential use of the dwelling.
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Details of the Home

What is your lot size (in either acres or square feet)? _____

What is the total square footage of your home? _____

What is the square footage of the principal residential structure's ground floor? _____

What is the total square footage that will be devoted to the home occupation? _____

Is the home a single family detached dwelling? YES or NO

Details of the Business

Number of people engaged in business at the residence who live at the residence:	
Number of people engaged in business at the residence who do not live at the residence:	
What are the hours of operation?	
What area and/or rooms of the residence will be used for the business?	
Number of clients/customers expected to visit the residence per week for business purposes	
In the space below, please write a statement regarding the type of business that will operate at the residence and the type of business activities that will occur:	

General Questions

Will the home occupation be carried on entirely indoors?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Will the appearance of the residential structure be altered in any way which will cause the premises to differ from its residential character? (e.g., through the use of colors, materials, construction, lighting, show windows, or advertising visible outside the premises to attract customers or clients)	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Will there be any equipment or processes that create noise, vibration, glare, fumes, odors, dust, electrical interferences or other disturbances?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Will there be equipment or processes that create visible or audible interference with any radio or television receivers off the premises?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Will there be any outdoor storage of materials or refuse?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Will there be goods publicly displayed?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Will business deliveries be made to the residence?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
If business deliveries will be made to the residence, please write a statement describing the type, frequency, and anticipated times of deliveries:	

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Signs

Will there be a sign on the property?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Will it be larger than 3 square feet per side?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Will the sign be illuminated?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Will the sign be in a window?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Have you applied for a sign permit? <i>This requires a separate application.</i>	<input type="checkbox"/> YES or <input type="checkbox"/> NO

Vehicles and Parking

What is the total number of vehicles that will be parked on the property?	
Of these, how many are business vehicles?	
Will the commercial vehicles be parked in a garage, enclosed structure, or suitably screened from view from adjacent properties and public rights of way?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
How many off-street parking spaces are provided on the lot?	
Will any of the off-street parking spaces be located in the front yard?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Is any off-street parking located less than 10 feet from any property line?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
If there will be more than 3 off-street parking spaces, will the parking be screened with hedge material placed on 3 foot centers or a four to five foot fence?	<input type="checkbox"/> YES or <input type="checkbox"/> NO

Additional Questions for Specific Use Types

B11a Professional Offices: No additional questions	
B11b Personal Services:	
How many beauty parlor or barber chairs will be available (if applicable)?	
B11c Instructional Services:	
What is the maximum # of students that will be taught at one time?	
Will there be instruction with musical instruments?	
B11d Home Crafts: No additional questions	
B11e Trades, Business:	
Will there be more than one noncommercial trucks/vans with a loading capacity of >0.75 ton?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Will there be assembling, manufacturing, processing or sales conducted on the property?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
B11f Repair Services: No additional questions	
B11g Family Day Care:	

Does the applicant have a license from the Department of Public Welfare, Bureau of Child Development Programs?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
How many children will be cared for?	
What is the size of the recreational area in square feet (cannot include impervious surface or parking area)?	
Is the recreational area enclosed by a four foot high fence?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Is the outdoor play area located to the side or rear of the property?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Is the home located on a public street?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
If more than 11 children are being cared for, have the regulations of the Pennsylvania Department of Welfare been met?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
B11h No-Impact Home-Based Business: No additional questions	

Please note: Applications cannot be processed without two copies of a property plan! By signing this form, the applicant is certifying that he/she is empowered by the owner of the subject property to make application on his/her behalf. The applicant also gives Warwick Township permission to access the property for all necessary inspections.

Signature of Applicant: _____ **Date:** _____

To be filled in by Township staff:

Permit Submission Checklist

Permit Deposit. Amount: _____	Check # _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2 copies of plot plan showing		<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. existing and proposed construction		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. distance to property lines (front/rear/side)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the application signed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Zoning District (circle one):

RA	R-1	R-1a	R-2	RG	RR	MF-1	MF-2	MHP	C-1	C-2	C-3	V-C	V-CII	LI	O	H
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Zoning Use: _____

Is the property in the Corridor Overlay District?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the property in any of the Floodplain Districts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Reviewers	Signature	Date	Status
Zoning Officer			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Building Code Official			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Fire Marshal			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Public Works			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Engineer			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Water & Sewer			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Board of Health			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Conservation			<input type="checkbox"/> Approved <input type="checkbox"/> Denied

District			
Other			<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Reason for denial: _____

Fee charged: \$ _____