

# EAST NORRITON TOWNSHIP

2501 Stanbridge Street, East Norriton Township, Montgomery County, Pennsylvania 19401  
Phone: 610-275-2800 Fax: 610-277-1879 [www.eastnorritontwp.org](http://www.eastnorritontwp.org)

## NO-IMPACT HOME-BASED BUSINESS REQUEST APPLICATION

### Applicant Information

Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### Type of Home Occupation

Describe business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ZONING ORDINANCE CRITERIA REQUIRED FOR APPROVAL

**Definition** – A business or commercial activity administered or conducted as an accessory use which is **clearly secondary to the use as a dwelling and which involves no customers, client or patient traffic**, whether vehicular or pedestrian, pickup, delivery or removal function to or from the premises, in excess of those normally associated with residential use. The business activity **must satisfy** the following requirements to qualify:

- Is the business activity compatible with the residential use of the property & surrounding residential uses? Y or N
- Is the business employing other than family members residing in the dwelling? Y or N
- Is the business displaying or selling retail goods or stockpiling inventory of a substantial nature? Y or N
- Is the business activity generating any solid waste of sewage discharge in volume or type which is not normally associated with residential use in the neighborhood? Y or N
- Is the business involved in any illegal activity? Y or N
- Is the business activity conducted within the dwelling and does not occupy more than 25% of habitable floor area? Y or N
- Does the business activity use any equipment or process which creates noise, vibration, glare fumes odors or electrical or electronic interference with radio or television reception that is detectable? Y or N

### ATTESTED SIGNATURE

I hereby certify that the facts contained herein are correct and the proposed **No-Impact Home-Based** business is authorized by the owner of record, or that I have been authorized by the owner to make this application as his/her authorized agent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

**Annual Fee \$150.00**