### APPLICATION FOR CUSTOMARY HOME OCCUPATION

#### Hamiltonban Township, Adams County

23 Carroll's Tract Road Fairfield, PA 17320 Telephone: (717) 642-8509

| Home Owner(s):                                   | Phone:                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address:                                         |                                                                                                                                                                                                                                                                                                            |
| Name of Home Occupa                              | on:                                                                                                                                                                                                                                                                                                        |
| Please check one:                                |                                                                                                                                                                                                                                                                                                            |
| Home Occupation                                  | Homestay No-Impact Based Business                                                                                                                                                                                                                                                                          |
| Article XVIII, as shown and certification of Hon | sions of Hamiltonban Township Zoning Ordinance, Section 1801.Z., upon the reverse side of this application, I/we hereby request approval Occupation(s) to be conducted from my/our residence and certify that II restrictions and/or all the provisions of the Hamiltonban Township nded on March 3, 2020. |
| The description of home                          | occupation(s) applied for:                                                                                                                                                                                                                                                                                 |
|                                                  |                                                                                                                                                                                                                                                                                                            |
|                                                  |                                                                                                                                                                                                                                                                                                            |
| NOTE: If either a board                          | g home or daycare/babysitting service, please complete the following:                                                                                                                                                                                                                                      |
| I/We understand that a r requirements of the PA  | for Boarding of persons) – The number of boarders planned is  aximum of boarders are allowed is determined by property size, meet niform Construction Code, and register with Adams County Treasurers Y., Article XVIII — Homestay.                                                                        |
| is I/We underst home occupation. If mo           | s (Daycare/Babysitting Service) – The number of children to be served and that a maximum of six (6) children are allowed to be considered a than three (3) children are to be served, please attach a copy of the tration Certificate for this occupation.                                                 |
| Submitted by:                                    |                                                                                                                                                                                                                                                                                                            |
|                                                  |                                                                                                                                                                                                                                                                                                            |
|                                                  | Parcel Number:                                                                                                                                                                                                                                                                                             |
|                                                  | OFFICE PORTION                                                                                                                                                                                                                                                                                             |
| Zoning District:                                 | Received:                                                                                                                                                                                                                                                                                                  |
| Zoning Officer's Review                          |                                                                                                                                                                                                                                                                                                            |

Zoning Ordinance, Section 1801.Z., Article XVIII — Home Occupations Zoning Ordinance, Section 1801.Y., Article XVIII — Homestay

## A. Upon notification to the Zoning Officer and upon approval by the Governing Body, customary home occupations and professional offices or studios are permitted as an accessory use subject to the following provisions:

- 1. A home occupation is deemed to include, but is not necessarily limited to, the following types of occupations: barber; hairdresser; dressmaker; milliner; professional office of attorney, architect, landscape architect, community planner, engineer, accountant, physician, dentist, realtor, insurance agent, clergyman, teacher, artist, horticulturist, or surveyor; clerical, typing and/or word processing services; family child care, specialty "Homemade Food" products, which require licensing for home production by a State and/or local health agency; and appliance repair, provided that no work may be performed out of doors and no appliances may be stored out of doors. Other occupations in addition to those listed above may be considered to be home occupations provided it is determined that such occupations are of the same general character as those occupations listed above.
- 2. The person conducting the home occupation shall reside within the dwelling located on the lot.
- 3. No more than two (2) persons other than family members who reside within the dwelling may be employed by the home occupation.
- 4. No more than twenty-five percent (25%) of the livable floor area of the dwelling may be devoted to the home occupation. Where the home occupation is operated either fully or partially within an accessory building on the lot, no more than five hundred (500) square feet of floor area in the accessory building may be devoted to the home occupation use. The applicant shall submit floor plans of the dwelling or the accessory building devoted to home occupation use. Said floor plans shall clearly depict the portion of the building devoted to home occupation use.
- 5. The dwelling or accessory building in which the home occupation is conducted shall retain a residential design and character. The applicant shall submit photographs of the existing building and shall submit architectural drawings of said building if an addition is proposed in support of the home occupation use. Said photographs and / or architectural drawings shall demonstrate that residential design and character will be retained.
- 6. For Family Child Care, the following additional standards shall be applied. Section 1801.I.
- B1. An outdoor play area meeting the following standards shall be provided:
- a. An outdoor play area shall be provided at a rate of sixty-five (65) square feet per child.
- b. Off-street parking lots shall not be used as outdoor play areas.
- c. Outdoor play areas shall not be located within the front yard.
- d. Outdoor play areas shall be completely enclosed by a minimum four (4) foot high fence, and screened from adjoining residentially zoned properties.
- B2. Passenger "drop-off" and "pick-up" areas shall be provided on site and arranged so that the passengers do not have to cross traffic lanes on or adjacent to the site.
- B3. All Child Care Center or Group Child Care facilities shall obtain and maintain proper licensure from the Commonwealth of Pennsylvania.

### **HOME OCCUPATION**

| Ap          | pl                                               | ica          | ını                                              | t:_          | ~~~          |              | ************ |              |            |              |          |              | ~~~          | ~~~                                              |            |           |                                                  | ************* |              |              | ************ |              |              |          | -            |              |          |
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| Permit #:   |                                                  |              |                                                  |              | Date:        |              |              |              |            |              |          |              |              |                                                  |            |           |                                                  |               |              |              |              |              |              |          |              |              |          |
| Percentage: |                                                  |              |                                                  |              | Allowed      |              |              |              |            |              |          |              |              |                                                  |            | _ Actual  |                                                  |               |              |              |              |              |              |          |              |              |          |
| Ca          |                                                  |              |                                                  |              |              |              |              |              |            |              |          |              |              |                                                  |            |           |                                                  |               |              |              |              |              |              |          |              |              |          |
|             | •                                                | H<br>De      | on<br>esi                                        | ie<br>gn     | =<br>at      | ed           | 0            | ff           | ice        | S            | pa       | sq           | f<br>=       | t.                                               |            |           |                                                  | * * * *       | 14           |              | sq           | . fi         | t.           |          |              |              |          |
| Dra<br>bus  |                                                  | Dı           | av                                               | w a<br>ola   | a d          | lia<br>m     | gr<br>en     | an<br>t v    | n (<br>vil | of<br>I b    | thoe ]   | e h<br>loc   | ioi<br>caț   | ne<br>ed                                         | a)<br>l ir | nd<br>1 h | s <br>  101                                      | ha<br>me      | de           | in           | a            | re           | a v          | wh       | ıer          | ·e           |          |
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# NO IMPACT HOME BASED BUSINESS

| A                                      | p  | pl | ica | m   | t:_         |         |     |     | •                            |     | ,   |      |     |     |        |             |     |     |    |          |      |     |    |   |    |     |    |  |
|----------------------------------------|----|----|-----|-----|-------------|---------|-----|-----|------------------------------|-----|-----|------|-----|-----|--------|-------------|-----|-----|----|----------|------|-----|----|---|----|-----|----|--|
| Permit #:                              |    |    |     |     |             |         | •   |     |                              |     |     |      |     |     |        |             |     |     |    |          |      |     |    |   |    |     |    |  |
| Percentage:                            |    |    |     |     |             | Allowed |     |     |                              |     |     |      |     |     | Actual |             |     |     |    |          |      |     |    |   |    |     |    |  |
| C                                      | al | ci | ıla | tic | on          | s:      |     |     |                              |     |     |      |     |     |        |             |     | •   |    |          |      |     |    |   |    |     |    |  |
| Home =<br>Designated                   |    |    |     |     |             | O       | ff  | ice | sq. ft.<br>e Space = sq. ft. |     |     |      |     |     |        |             |     |     |    |          |      |     |    |   |    |     |    |  |
| D                                      | ra |    | in  | _   | 7W <b>s</b> | a d     | lia | gr  | an                           | n ( | of  | th   | e ł | 101 | me     | a           | nd  |     |    | de       | e ir | 1 a | re | a | wl | ıeı | re |  |
| וכ                                     | us |    |     |     | ola         |         |     | _   |                              |     | lb  | e    | lo  | cat | ted    | l i)        | n I | 10  | m  |          |      |     |    |   |    |     |    |  |
| ונ<br>ד                                | us |    |     |     |             |         |     | _   |                              |     | l b | e    | lo  | cat | ted    | <b>l</b> i) |     | 10  | m  | <b>.</b> |      |     |    |   |    |     |    |  |
|                                        | us |    |     |     |             |         |     | _   |                              |     | l b | e    | loc | cat | tec    | <b>!</b> i) |     | 10  | m  | <b>.</b> |      |     |    |   |    |     |    |  |
|                                        | us |    |     |     |             |         |     | _   |                              |     |     | e    | loc | cat | tec    | l i)        |     | 10  |    |          |      |     |    |   |    |     |    |  |
|                                        | us |    |     |     |             |         |     | _   |                              |     |     | e    | loc | cat | ted    | li          |     | 10  |    | <b>.</b> |      |     |    |   |    |     |    |  |
|                                        | us |    |     |     |             |         |     | _   |                              |     |     | pe . | loc | cat | tec    |             |     | 10: | m  |          |      |     |    |   |    |     |    |  |
|                                        | us |    |     |     |             |         |     | _   |                              |     |     | pe   |     | cat | tea    | i           |     | 10  | m  |          |      |     |    |   |    |     |    |  |
|                                        | us |    |     |     |             |         |     | _   |                              |     |     | pe   |     | cat | tec    | li          |     | 10  | me |          |      |     |    |   |    |     |    |  |
|                                        | us |    |     |     |             |         |     | _   |                              |     |     | pe   |     | cat | tec    | l i)        |     | 10  |    |          |      |     |    |   |    |     |    |  |
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