

I. APPLICANT INFO	DRMATION	
NAME		
STREETADDRESS		
CITY, STATE, ZIP		
PHONE		
II. TYPE OF HOME	OCCUPATION	
BRIEF DESCRIPTION		
III. ZONING ORDINA	ANCE CRITERIA	
Please attach additional pages if necessary. A. Is the business to be conducted in dwelling unit solely by members of the household residing in that unit?		
A. Is the business to be	conducted in dwenning unit solery by members of the nousehold residing in that unit?	
If no, explain.		
B. Is the business clearly incidental, accessory and subordinate to this dwelling unit's residential use? If no,		
explain		
C. Is the business to be conducted entirely within this dwelling unit?		
If no, explain.		

D. Will this business receive or ship any goods, chattels, materials, supplies or items of any kind to or from this dwelling unit exclusively in either a passenger vehicle that is owned by the resident and that makes no more than one (1) such delivery trip per day or a parcel courier vehicle that stops at the dwelling unit no more than once per day?
If no, explain
E. Will this business employ only residents of the residential unit in which it is located.?
If no, explain
F. Will this business use no equipment or appliances other than those that are customarily used in residences or offices.?
If no, explain.
G. Will this business allow no customers inside the residential unit for business purposes unless that occupation is a tutoring service and no more than four (4) students are being tutored in the dwelling at a time.?
If no, explain
H. Will this business place no evidence of that occupation on the exterior of its building, including signs?
If no, explain
I. Will this business conduct no retail sales directly to customers on the premises unless it is over the telephone or internet?
If no, explain
J. Will this business use less than twenty-five (25) percent of the ground floor area of the principal residential unit in which it is located (excluding garages).?
If no, explain

K. Will this business have no exterior displays of goods, or interior displays of goods	which can be seen from the outside?
If no, explain.	
L. Will this business store no materials or products outside the dwelling unit except in with the requirements of this chapter?	an enclosed structure which complies
If no, explain	
M. Will this business create no greater traffic volumes or parking demands than would neighborhood of Hollidaysburg?	d normally be expected in its
If no, explain	
N. Will this business use no equipment or processes that create noise, vibration, glare television or radio signal interference which is detectable to normal senses in other res	
If no, explain	
O. Is this business not a nursery school, dancing school, exercise or health center, day eating or drinking establishment, animal kennel, animal hospital, veterinarian office, b transportation vehicle repair or rental facility, theater or other commercial recreation for the	oarding house, medical or dental clinic,
If no, explain.	
I hereby certify that the facts contained herein are correct and the proposed minor impact home occupation is authorized by the owner of record, and that I have been authorized by the owner to make this application as his authorized agent.	
Signature of Applicant	 Date