



Fee adopted by Resolution and effective January 7, 2020 = \$50.00

NAME OF APPLICANT: _____

ADDRESS OF NO-IMPACT HOME OCCUPATION: _____

NATURE OF NO-IMPACT HOME OCCUPATION: _____

Rapho Township Zoning Ordinance pertaining to a No-Impact Home Occupation:

Article 6

Section 608. Accessory Use Regulations.

Subsection R. No-Impact Home Occupation

No-impact home occupations shall be permitted subject to the following regulations:

- The business activity shall be compatible with the residential use of the property and surrounding residential uses.
- The business shall employ no employees other than family members residing in the dwelling.
- There shall be no display or sale of retail goods and no stockpiling or inventory of a substantial nature.
- There shall be no outside appearance of a business use, including, but not limited to, parking, signs or lights.
- The business activity may not use any equipment or process which creates noise, vibration, glare, fumes, odors or electrical or electronic interference, including interference with radio or television reception, which is detectable in the neighborhood.
- The business activity may not generate any solid waste or sewage discharge, in volume or type, which is not normally associated with residential use in the neighborhood.
- The business activity shall be conducted only within the dwelling and may not occupy more than twenty-five percent of the habitable floor area.
- The business may not involve any illegal activity.

CERTIFICATION STATEMENT

The applicant shall submit the following signed and notarized statement:

“I understand that this use has prescribed limitations that are imposed to protect the residential character of the area. I also recognize that continued success of my business that requires expansion beyond such limitations at this location would constitute a zoning violation. Should expansion beyond these limitations occur, I will be required to find another, more suitable location within the appropriate zoning.”

Applicant Signature

Notary

PENNSYLVANIA VERIFICATION ON OATH OR AFFIRMATION

State of Pennsylvania

County of _____

Signed and sworn to (or affirmed) before me on

_____ by
Date

Name of Individual Making Statement No. 1

Name of Individual Making Statement No. 2

Signature of Notarial Officer

Printed Name of Notarial Officer

Title of Office: _____

Place Official Stamp/Notary Seal Above

My Commission Expires: _____

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

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