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**HOME BASED BUSINESS APPLICATION/RENEWAL Permit # \_\_\_\_\_**

**OWNER INFORMATION:**

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail Address (Optional, Please Print Legibly): \_\_\_\_\_

**PROPERTY INFORMATION:**

Site Address: Street/Town \_\_\_\_\_

Existing Use(s) (Check all that apply):  **Single Family Dwelling**  **Multi-Family Dwelling(s)**

**Agriculture** \_\_\_\_\_  **Other** (Describe all uses): \_\_\_\_\_

Answer **every** question (mark NA if not applicable)

This is what I tell people my business is: \_\_\_\_\_

I primarily carry out my business:  within my home  within a separate structure on my property

The home based business is operated only by the inhabitants of the residence:  Yes  No

I am requesting a sign with this application:  Yes  No Dimensions: \_\_\_\_\_ " x \_\_\_\_\_  
(Attach drawing or photograph of sign)

I will need to store unfinished materials or finished products outside:  Yes  No

I will have \_\_\_\_\_ employees working here that don't live at my residence.

I will have \_\_\_\_\_ deliveries per week made to my property in conjunction with my business.

I will have \_\_\_\_\_ vehicles parked on my lot in conjunction with my business. The Gross Vehicle Weight Ratings are: Vehicle 1: \_\_\_\_\_ Vehicle 2: \_\_\_\_\_ Vehicle 3: \_\_\_\_\_

I will have \_\_\_\_\_ visits to my business each week by sales reps, suppliers, customers, or vendors.

Dimensions of the business space are: \_\_\_\_\_ ft x \_\_\_\_\_ ft. (Incl. all spaces used for the business)

I use the following equipment on-site in my business: \_\_\_\_\_  
(Do not list standard office equipment, only production equipment. Do not list equipment used off-site)

**Include a plot plan** of the property that shows the dwelling, accessory structures, outdoor storage areas, sign location and all parking areas for vehicles, deliveries or employees. The business location should be clearly marked. The distance to all lot lines must be marked.

**PROPERTY OWNER'S CERTIFICATION:**

I hereby certify that all information on this form and attached documentation is true, to the best of my knowledge. Further, I authorize the listed applicant/agent to act in my stead with regard to this application. In addition, if a permit for the use/structure is issued, I certify that the Springfield Township Zoning Officer is authorized to enter those areas of the property affected by the permit at any reasonable hour to inspect for compliance with the permit and Springfield Zoning Ordinance.

**OWNER'S Signature:**

**Date:** \_\_\_\_\_

Check & initial if you authorize communications via the listed E-MAIL address. Initials: \_\_\_\_\_

Township Office Use Only

Zoning District: \_\_\_\_\_

Plot Plan adequate:  Yes  No List defects: \_\_\_\_\_

Sign:  Yes  No  NA

Parking:  Yes  No  NA

Floor Area:  Yes  No  NA

Vehicles:  Yes  No  NA

Type of business:  Yes  No  NA

Environmental Factors:  Yes  No  NA

Sewer:  Yes  No  NA

Deliveries:  Yes  No  NA

Articles produced on site:  Yes  No  NA

Approved

Date: \_\_\_\_\_ Sign: \_\_\_\_\_

- H-3 (Home Day Care)
- H-4a (No-impact Home-Based Business)
- H-4b (Limited-Impact Home-Based Business)
- H-4 (Home-Based Business) Zoning Order # \_\_\_\_\_

Date of inspection for conditions: \_\_\_\_\_

Disapproved

- Does not meet performance standards
- Needs Special Exception

List Defects: \_\_\_\_\_