



Borough of Phoenixville
 351 Bridge Street
 Phoenixville, PA 19460
 Phone (610) 933-8801
www.phoenixville.org

Permit #:	_____
Application Fee:	_____
Permit Fee	_____
Total:	_____

Home Occupation Permit Application

Property Information: (Please Print)

Property Address: _____

Owner Name: _____

Phone: _____ Cell: _____ Email: _____

Tax Parcel Number: _____ Zoning District: _____

Applicant Information:

Name: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Business Name: _____

Proposed Use:

Home Occupation, No-Impact By-Right

Home Business by Special Exception

Total Square Feet of Dwelling: _____

Square Footage Devoted to Business: _____

Is the property in the Historic District? _____

Nature of Business:

Questions:

Will you have customers or clients visit your business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	# Per Day _____
Will you have non-family employees on site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Will you have non-family volunteers on site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Will you have independent contractors on site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Will you have deliveries made to your site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Will you conduct direct sales of products or services on site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Will you erect a sign? (if yes, complete Sign Permit Application)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Does your vehicle(s) have a sign attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
How will you advertise your business?			
What are your days and hours of operation?			
Does your business require a license or permit from any Federal, State or County agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Vehicles Associated with Business	Type	Registration/Plate	Vehicle Weight
_____	_____	_____	_____
_____	_____	_____	_____

What other businesses are operated from the property? _____

- Type of Dwelling: Single Family Detached
 Single Family Attached
 Multi-Family Dwelling

This application must be accompanied by the following:

- 1) Plot plan of the property showing all structures, driveways and existing land/hardscaping.
- 2) Plan showing proposed (if required) off-street parking areas, landscaping and sign location.
- 3) Floor plan of the building use for the business purpose, with business space clearly delineated.
- 4) Copy of all permits or licenses required by other agencies.

*** Engineering plans are not required, however, the plan must include sufficient detail for the Zoning Officer to determine if the requirements for the proposed use have been met.

On August 9, 2011, Phoenixville Borough Council adopted the "Neighborhood Blight Protections and Enforcement" Ordinance 2180, that enables Borough Staff to deny any permit application if the owner of said property, on that or any other property owned in the Commonwealth, (1) has Tax and/or Municipal Services delinquencies on account of the actions of the Owner; or (2) has a Serious Violation with having no corrective, Substantial Steps in place. A printed copy of this ordinance is available upon request at the Borough Code Enforcement Department.

Borough of Phoenixville Code Chapter 27, Part 602.1.E.3: Performing any construction operation or operating or permitting the operation of any tools or equipment used in construction, drilling or demolition work between the hours of 6:00 p.m. and 8:00 a.m. or at any time on weekends, if such operation creates a noise disturbance across a real property boundary line or within a noise-sensitive zone. This section does not apply to domestic power tools or to vehicles which are designed for transportation use on public highways.

I hereby certify that the proposed use is authorized by the owner of record and that I have been authorized by the owner to make this application as the authorized agent and we agree to conform to all applicable laws of this jurisdiction. Building/Structure shall also comply with the American Disabilities Act of 1990 where applicable. I have examined this application, its requirements and to my knowledge and belief, is a true, correct and complete application.

Applicant's Signature: _____ Date: _____

For payment/pickup: Call Email

OFFICE USE ONLY

Submitted Documents:

Plot Plan	YES	NO	N/A
Building Plans (sealed/signed)	YES	NO	N/A
Specifications	YES	NO	N/A
Zoning Approval	YES	NO	N/A
Application Completion:	YES	NO	
Signature of Applicant:	YES	NO	

Accepted/Returned by: _____ Date: _____

Ordinance 2180 Clearance: _____ Date: _____

Building Code Official: _____ Date: _____