



WEST GOSHEN TOWNSHIP  
1025 Paoli Pike  
West Chester, PA 19380  
Phone 610-696-5266 · Fax 610-429-0616  
www.westgoshen.org

## HOME OCCUPATION & NO-IMPACT HOME BASED BUSINESS APPLICATION

The purpose of this application is to apply for a permit for a home occupation or no-impact home based business as defined in section 84-8 of the West Goshen Township Code and regulated by the provisions set forth for each.

(Please Print)

### APPLICANT INFORMATION:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_

### OWNER INFORMATION (if other than applicant):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_

### PROPERTY INFORMATION:

Site Address: \_\_\_\_\_

Tax ID#: 52- \_\_\_\_\_ Square Footage of Dwelling Unit: \_\_\_\_\_

### PROPOSED USE:

Home Occupation

No-Impact Home Based Business

Nature of your business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Name (If Applicable): \_\_\_\_\_

Square Footage Devoted to Business Use: \_\_\_\_\_

**WEST GOSHEN TOWNSHIP  
HOME OCCUPATION & NO-IMPACT HOME BASED BUSINESS APPLICATION**

**QUESTIONS**

**NO. PER DAY**

Will you have customers or clients visit your business?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	_____
Will you have non-family employees on-site?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	_____
Will you have non-family volunteers on-site?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	_____
Will you have independent contractors on-site?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	_____
Will you have deliveries made to you on-site?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	_____
How will deliveries be made?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	_____
Will you conduct direct sales of products or services on-site?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	_____
Will you erect a sign? (If yes, attach plan of sign)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	_____
Do you have a business vehicle(s)?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	_____
Does your vehicle(s) have a sign attached?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	_____
How will you advertise your business?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	_____
What are your hours & days of operation?					
Does your business require a license or permit from any federal, state, or county agency?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	_____

Please list all vehicles and equipment associated with your business:

<u>Vehicles</u>	<u>Number</u>	<u>Vehicular Weight</u>

List any other businesses operated from the property:


Type of Residence:     Single Family Detached     Multi-Family Dwelling

This application must be accompanied by the following:

- Plot plan of the property showing all structures
- Plan showing proposed sign location
- Floor plan of the building used for the business purpose, with business space clearly delineated.
- Copy of required permits or licenses from outside agencies.

Engineered plans are not required; however the plan must include sufficient detail so that the Township can determine if the requirements for the proposed use have been met.

**WEST GOSHEN TOWNSHIP  
HOME OCCUPATION & NO-IMPACT HOME BASED BUSINESS APPLICATION**

**Certification**

I hereby certify that the owner of record authorizes the proposed use. Furthermore, I have been authorized by the owner to make this application, and I agree to conform to all applicable requirements related to the proposed use. This application has been examined by me and to my knowledge and belief is a true, correct and complete application.

By action of applying for a permit, the applicant grants permission for the Zoning Officer or such other Township official, to inspect the property prior to the issuance of a permit and during the conduct of the proposed use.

Owner Signature: \_\_\_\_\_  
Name (Print): \_\_\_\_\_  
Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_  
Name (Print): \_\_\_\_\_  
Date: \_\_\_\_\_

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**OFFICIAL USE ONLY**

Classification of Use :

Home Occupation       No-Impact Home Based Business       Prohibited

**APPROVAL:**

YES                       NO

Comments :

\_\_\_\_\_  
\_\_\_\_\_

Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit No.: \_\_\_\_\_