



262 Pittsburgh Grade Rd., Hookstown, PA 15050  
724-573-1111 \* greentownshipsecretary@gmail.com

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## **NO IMPACT HOME-BASED BUSINESS WORKSHEET . ZONING APPLICATION**

**Greene Township requires that a zoning permit be issued before a business may be established in a residence. There are three levels of permits that may be issued, depending on the impact the business may have on the neighborhood.**

This form was designed to assist applicants applying for permits to establish a No Impact Home-Based Business in their residence.

**NO IMPACT HOME-BASED BUSINESS** These are small businesses that would have little, if any impact on neighbors. Examples: online-tutoring, selling homemade goods, online music classes, photography, event planning, website designer, or any freelancer who rarely, if ever, sees clients in their home.

**HOME OCCUPATIONS** To accommodate businesses that may not qualify for a No-Impact Home-Based Business, Greene Township permits home occupations. These may have a small impact on the community. Therefore, public input is sought and a zoning hearing is held for special exception approval. Examples: Accounting Services, Tailor or Dressmaker, Artistry or Ceramics, Barber/Beauty Shop, Music Teacher, Real Estate Agent, Computer Repair, or any business where you make something in your home and sell elsewhere.

**COMMERCIAL USES** These are full-scale businesses permitted and regulated by zone.

**Use this form only when applying for a No-Impact Home-Based Business.**

# Instructions for completing this form:

Question 1: Applicant name. Insert the name of the person(s) applying for the permit.

Question 2: Write the name of the business in this blank.

Question 3: Write the 911 address of the property on which the business office will be located. Do not use Post Office Box addresses.

Question 4: Write a brief description of the nature of the business.

Example: Home office for door-to-door make-up sales. Home

Example: office for an Internet information business.

Question 5: List the number of employees that will work in the house. DO NOT include spouses or children who reside in the house.

Question 12: Habitable floor space includes the entire first and second floors, full basements, finished attics, and attached garages. Not included is space in detached garages, crawl spaces, sheds, and other outbuildings.

Question 14: If the business is incorporated, check the yes box and attach a copy of the finished attics, and attached garages. Not included is space in detached garages, crawl spaces, sheds, and other outbuildings.

Question 15: If the business will utilize a fictitious name, check the yes box and attach a copy of the Fictitious Name Registration. Fictitious Name Registration is required by State Law when an unincorporated business uses a business name that does not involve the business owner's name. Read more here

Example: Pocono Bait Sales\_would need to be registered.

Example: John Smith Bait Sales\_would not need to be registered.

- 1 Applicant's Name: \_\_\_\_\_
- 2 Business Name: \_\_\_\_\_
- 3 Website \_\_\_\_\_
- 4 Business Location: \_\_\_\_\_
- 5 Nature of Business: \_\_\_\_\_  
\_\_\_\_\_

5. Number of employees: \_\_\_\_\_

6. Will the business draw customers to the house?           yes \_\_\_ no \_\_\_

7. Will the business stockpile goods of a substantial nature?   yes \_\_\_ no \_\_\_

8. Will there be any outside appearance that would make it obvious that a business is being conducted in the residence?       yes \_\_\_ no \_\_\_

9. Will there be a sign advertising the business on the property?   yes \_\_\_ no \_\_\_

10. Will the business activity use any equipment or process that will create noise, vibration, glare, fumes, odors, electrical or electronic interference including interference to radio or television reception, which would be detectable in the neighborhood?   yes \_\_\_ no \_\_\_

11. Will the business activity generate any solid waste or sewage discharge, in volume or type, which is not normally associated with residential use in the neighborhood?   yes \_\_\_ no \_\_\_

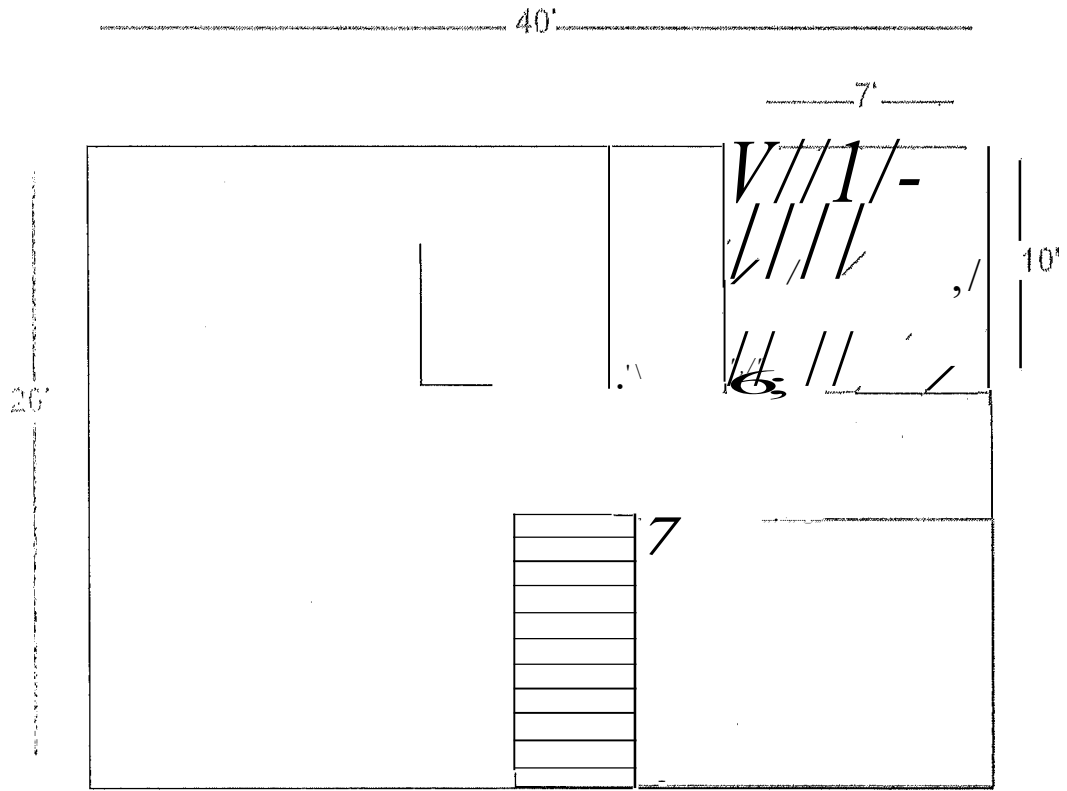
12. Will the business utilize more than 25% of the habitable floor space of the house?   yes \_\_\_ no \_\_\_

13. Will the business involve any illegal activity?   yes \_\_\_ no \_\_\_

14. Is the business incorporated?   yes \_\_\_ no \_\_\_

15. Will you be using a fictitious name?   yes \_\_\_ no \_\_\_

**Attach a copy of your floor plan here:**



Sample

**Attach a Copy of Recorded Property Deed**

**Attach a Copy of Certificate of Incorporation  
(if incorporated)**

**Attached a copy of Fictitious Name  
Registration (if applicable)**

## Corporate Certificate of Incumbency

The undersigned Secretary of \_\_\_\_\_  
(Name of Company)

Hereby certifies:

- That the undersigned is duly elected, qualified and acting incumbent to the office of Secretary;
- That the undersigned is qualified to make this certification and is authorized to give this certificate;
- That the person named below (an "Officer"), whose respective office appears opposite such Officer's name and whose respective true and correct specimen signature appears opposite such Officer's name, is duly elected, qualified and acting incumbent of such Officer's office;

Name:

Office:

Signature:

\_\_\_\_\_

The undersigned Secretary further certifies that the appointed Officer, by virtue of the authority delegated to such Officer by the Board of Directors of the Company, is authorized to act on behalf of the Company by executing agreements, making certifications, making representations, giving notices, executing transactions and giving instructions.

Executed this \_\_ day of \_\_\_\_\_ 20 \_\_\_\_ Sworn and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_

Secretary

\_\_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_

## LLC / LLP / LP Certificate of Incumbency

The undersigned Secretary/Member/General Partner of \_\_\_\_\_

("Company") hereby certifies:

- That the undersigned is duly elected, qualified and acting incumbent to the office of Secretary/Member/General Partner:
- That the undersigned is qualified to make this certification and is authorized to give this certificate;
- That the person named below (an "Officer"), whose respective office appears opposite such Officer's name and whose respective true and correct specimen signature appears opposite such Officer's name, is duly elected, qualified and acting incumbent of such Officer's office;

Name:

Office:

Signature:

\_\_\_\_\_

The undersigned Secretary/Member/General Partner further certifies that the appointed Officer, by virtue of the authority delegated to such Officer by the Board of Directors of the Company, is authorized to act on behalf of the Company by executing agreements, making certifications, making representations, giving notices, executing transactions and giving instructions.

Executed this \_\_ day of \_\_\_\_\_ 20 \_\_\_\_

Sworn and subscribed before me this

\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



# APPLICATION FOR ZONING PERMIT

Pella Consulting, Zoning Office • pellaconsulting@gmail.com

Send zoning permits to Greene Township with payment, PO Box 181, Hookstown, PA 15050

<b>\$100</b>	<b>USE BY RIGHT</b>	Date of Application: _____
Includes new structures, additions, alterations, change in use of structure or land, moving of a structure into or from another district, demolitions, new business (both business use and structure require separate permitting), signs, cell tower upgrades, commercial structure, pole building, garage, pools, solar accessory, principal solar energy structure, etc. No permit shall be required for a residential accessory structure that has up to and including 150 square feet of floor area.		
<b>\$1000</b>	<b>CONDITIONAL USE, SPECIAL EXCEPTION, ZONING HEARING</b> Applicant completes this app in addition to the proper hearing application	Payment Type: _____
<b>\$65</b>	<b>RENEWAL OF AUTOMOTIVE INSPECTION STATION</b>	
<b>\$50</b>	<b>RENEWAL OF CAMPGROUND</b> Charge is for each lot. A \$35 admin fee also applies.	
Initials: _____		
Any fees incurred from either professional reviews or special circumstances, above the amount collected today, will be billed to the applicant.		

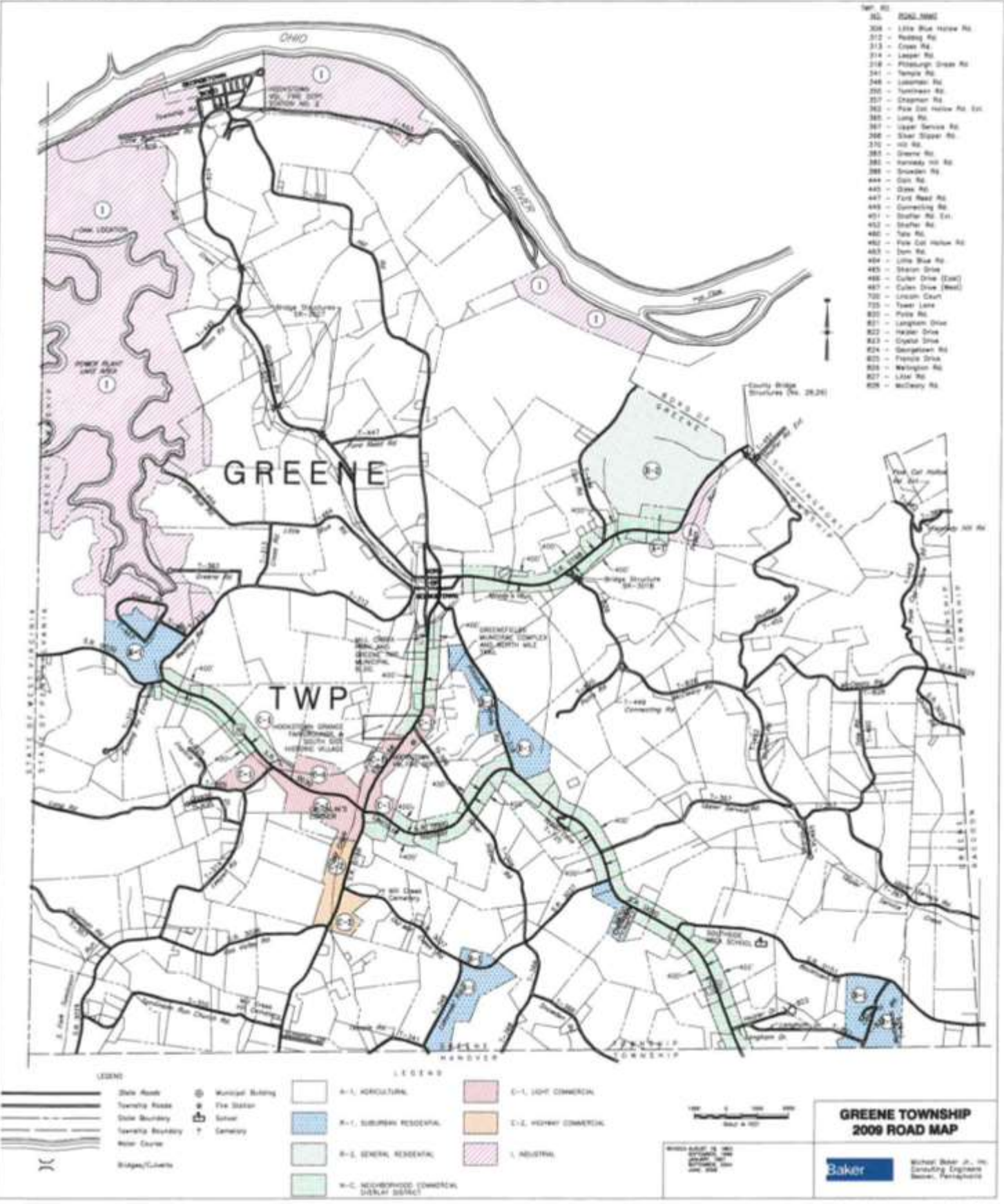
<b>PROPERTY</b>	Parcel Number _____
	Location of Property _____
	Zoning District (click) _____ Municipality _____
	Owner's Name _____
	Address Telephone _____ City, State Zip _____
	Email _____ Cell carrier for texts _____
<b>APPLICANT</b>	Business Name or individual name: _____
	Address _____ City, State Zip _____
	Telephone _____ Cell carrier for texts _____
	Email _____
<b>USE</b>	New One Family Dwelling _____ Commercial Use (list) _____ Multi Family Dwelling _____ Renewal of: _____ New Accessory Structure _____ Other (list) _____ Square Footage _____ <b>Approx Cost of Work \$</b> _____  A survey or sketch of the property IS ATTACHED showing the proposed location with distance to property boundaries. I have included 2 copies of a layout or plot plan drawn to scale showing (a) the actual dimensions of the lot to be built upon (b) exact size, location and height of the building on the lot and (c) all accessory buildings to be erected Other information may be requested by the township zoning officer for enforcement of the zoning ordinance(s).
	<b>OTHER</b> Septic Permit Number and Date issued: _____ Driveway location is off of: _____ A Township Road (requires municipal approval) _____ A State Road (requires PennDot approval)

I hereby certify that the above information is true and correct. I hereby agree that all applicable provisions of Greene Township's codes shall be complied with as well as the requirements of the municipal sewer and water authority whether specified or not.

Applicant Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

<input type="checkbox"/> Building Permit Required	<b>FOR ZONING OFFICER USE ONLY</b>		
<input type="checkbox"/> Setbacks Reviewed	<i>Permit expires 1 year after date of issue</i>		
<input type="checkbox"/> Floodplain Compliance	Permit # _____	Date _____	ZO Signature _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____	_____	x





# Submission Check List

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- Completed No Impact Home-Based Business Worksheet
- Attached a Photocopy of Recorded Property Deed
- Attached a copy of Certificate of Incorporation (if incorporated)
- Attached a Certificate of Incumbency (if incorporated, including LP, LLP, or LLC)
- Attached a copy of Fictitious Name Registration (if applicable).
- Completed Zoning Application
- If renting the house, attach a letter from owner giving permission to establish the business in the house.
- Check for \$100.00 (payable to Greene Township)

## MAIL TO:

Greene Township

PO Box 181 Hookstown, PA 15050

724-573-1111

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## Questions?

Contact the Greene Township Zoning Officer  
Monday thru Friday  
pellaconsulting@gmail.com