



THE BOROUGH OF WILSON
2040 Hay Terrace
Easton, PA 18042
P: 610-258-6142 F: 610-258-6639

NO-IMPACT HOME-BASED BUSINESS REQUEST APPLICATION

Applicant information

Business Name _____

Address _____

City, State, PA _____

Applicant Name _____ Phone: _____

Applicant Email Address _____

Type of Occupation: _____

Describe business _____

ZONING ORDINANCE CRITERIA REQUIRED FOR APPROVAL

1. Will the no-impact home-based business be accessory to a residence and be carried on wholly indoors and within a dwelling or other structure accessory thereto and clearly incidental and subordinate to its use for residential purposes by its occupants? **Y or N**
2. Will the business activity be compatible with the residential use of the property and surrounding residential uses? **Y or N**
3. Will the business meet the minimum and maximum area, height and dimensional requirements of the district in which the use is located? (if there are no changes to the exterior of the residence – Please state this and skip to the next question). **Y or N**
4. Will there be use of show windows, display or advertising visible outside the premises? **Y or N**
5. Will there be exterior storage or building material? **Y or N**
6. Will there be any outside appearance of a business use, including but not limited to parking, signs or lights? **Y or N**
7. Will the appearance of the residential structure be altered? **Y or N**

8. Will the no-impact home-based business within the residence be conducted in a manner which would cause the premises to differ from the residential character by the use of colors, materials, construction, lighting, show windows or advertising visible on the premises to attract customers or clients? **Y or N**
9. Will there be the display or sale of retail goods and/or stockpiling, storage or inventory of products of a substantial nature? **Y or N**
10. Will there be commodities sold or services rendered that require receipt or delivery of merchandise, goods or equipment by other than passenger motor vehicle or by parcel or letter carrier mail service using vehicles typically employed in residential deliveries? **Y or N**
11. Will the no-impact home-based business be carried on only by inhabitants of the dwelling? **Y or N**
12. Will the floor area devoted to the no-impact home-based business occupy more than 25% of the ground floor of the principal residential structure or 500 square feet, whichever is less. **Y or N**
13. Will any equipment or process be used in the no-impact home-based business which creates discernible noise, vibration, glare, fumes, odors or electrical interference at the property line? **Y or N**
14. Will any equipment or process be used which creates visual or audible interference in any radio or television receiver off the lot or causes fluctuations in line voltage off the lot? **Y or N**
15. 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? **Y or N**
16. Will the business be involved in any illegal activity? **Y or N**

ATTESTED SIGNATURE

I hereby certify that the facts herein are correct, and the proposed **No-Impact Home-Based Business** is authorized by the owner of record, or that I have been authorized by the owner to make this application as his/her authorized agent.

Signature

Phone#/Email

Date

PERMIT FEE \$150