



Dingman Township

Pike County, Pennsylvania

No Impact Home-Based Business Worksheet

Dingman 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 that the business may have on the neighborhood.

No Impact Home-Based Business: These are small businesses that would have little, if any, impact on neighbors. The rules for establishing these businesses were established under State Law and are basically the same throughout the Commonwealth.

Home Occupations: To accommodate businesses that might not qualify for a No Impact Home-Based Business, Dingman Township permits Home Occupations. These may have a small impact on the community and public input is sought prior to issuing a permit.

Commercial Uses: These are full-scale businesses, which, may or may not involve a residential use. Commercial uses are regulated by zone and may not be permitted on all properties.

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

**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 RR #'s or Post Office Box addresses.

Correct: 123 Cloudy Lane

Incorrect: RR 6 Box 123

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

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

Example: Home 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 Certificate of Incorporation and complete the appropriate Certificate of Incumbency. If not, check the no box.

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.

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. Business Location: _____

4. 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?

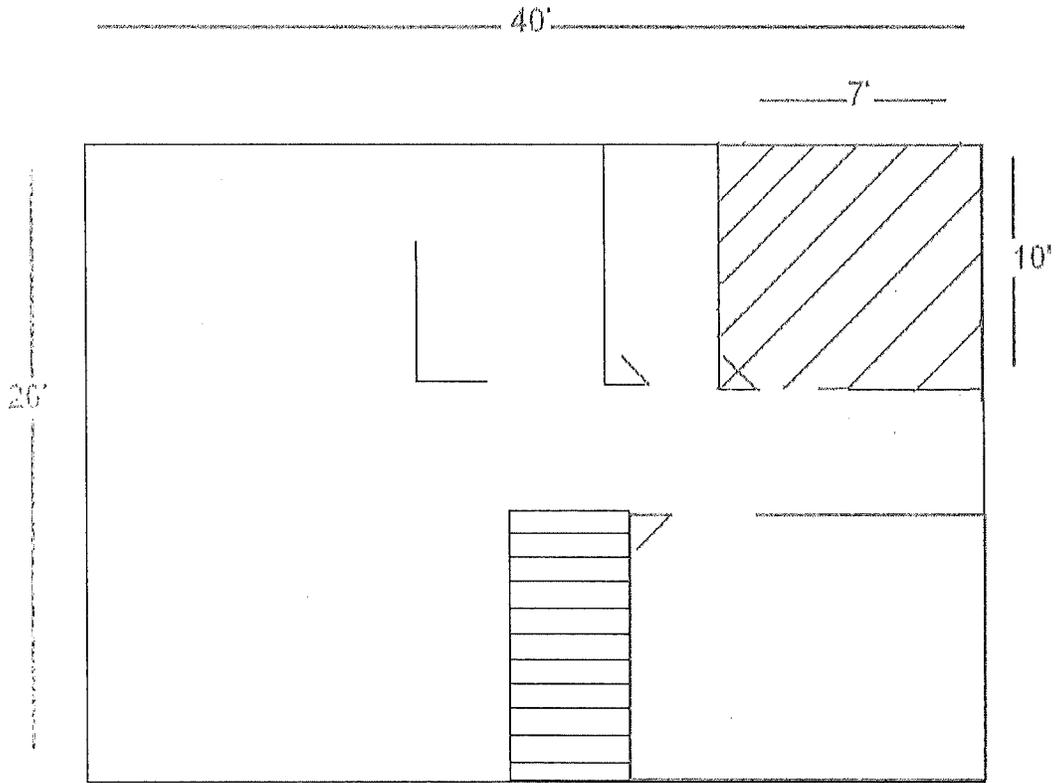
Yes No

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: _____

Submission Check List

- Completed Zoning Application
- 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).
- If renting the house, attach a letter from owner giving permission to establish the business in the house.
- Check for \$100.00 (payable to Dingman Township)

Mail submissions to:

Dingman Township Zoning Officer
118 Fisher Lane
Milford, Pa 18337

Questions?

Call the Dingman Township Zoning Officer
Monday thru Friday
9:00am until 10:30am
570-296-9260