



**LOWER NAZARETH TOWNSHIP**

623 Municipal Drive, Suite 200

Nazareth, PA 18064

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[www.lowernazareth.com](http://www.lowernazareth.com)

<b>TOWNSHIP USE ONLY</b>	
Permit # _____	
Received Stamp	

**ZONING PERMIT APPLICATION  
HOME OFFICE/HOME OCCUPATION**

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

Address \_\_\_\_\_

Subdivision Name & Lot# (If Known) \_\_\_\_\_ Tax Map Id# (If Known) \_\_\_\_\_

**RESPONSIBLE PARTIES**

Is This Application Being Made By The Property Owner?  Yes  No → If Not, Then By Whom?  Tenant  Other

**Applicant** \_\_\_\_\_ Email Address: \_\_\_\_\_

Address \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Alternate Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ Email Address: \_\_\_\_\_

Same as Applicant

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

Phone #: (\_\_\_\_) \_\_\_\_\_ Alternate Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

***The regulations governing home office and home occupation are attached to this package. Please read them carefully prior to completing this application. Please select the appropriate use and answer the following questions accordingly.***


**Please Choose One:**  Home Office  Home Occupation (Zoning Appeal Also Required)

**DESCRIPTION OF PROPOSED HOME OFFICE/HOME OCCUPATION:**

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

1. Total area to be used for the proposed use: \_\_\_\_\_ s.f. Area of Dwelling \_\_\_\_\_ s.f.
2. Will any part of the proposed use be conducted on the premises outside of a building? Yes  No   
If yes, please describe: \_\_\_\_\_
3. Is any outdoor storage proposed? Yes  No   
If yes, please describe: \_\_\_\_\_
4. Is any change in the existing outside appearance of the building or premises proposed, except for the permitted sign? Yes  No  If yes, please describe: \_\_\_\_\_
5. What are your proposed hours? \_\_\_\_\_ M T W Th F S S
6. Do you proposed to have any employees other than permanent residents of the dwelling?  
Yes  No  How many? \_\_\_\_\_

7. How many visitors do you expect per day? \_\_\_\_\_
8. Will any of this work produce noise, odor, vibration, light or electrical interference beyond the boundary of the property? Yes  No  If yes, please describe: \_\_\_\_\_
9. Will any deliveries occur by truck, van or tractor-trailer? Yes  No  How many times per day? \_\_\_\_\_
10. Do you proposed to store or use any hazardous or explosive materials or chemicals, other than such substances and in such amounts commonly found in a dwelling? Yes  No   
If yes, please describe: \_\_\_\_\_
11. According to the Zoning Ordinance, your proposed use will require off-street parking and loading in accordance with Article XVII of this Ordinance. How many parking spaces will be provided? \_\_\_\_\_

<b>SITE OR PLOT PLAN</b> <i>(For Applicant Use)</i>	<input type="checkbox"/> <b>Check here if separate document(s) attached</b>
	

The Applicant certifies that all information on this application is correct. Issuance of a permit shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of Lower Nazareth Township or any other governing body. The Applicant certifies he/she understands all the applicable codes, ordinances, and regulations. The application, together with attachments, are made part of this application by the undersigned.

By signing this application, authorization is granted to any municipal representative of Lower Nazareth Township to access the above property as stated within this application at any reasonable hour; to inspect and verify that any proposed use and/or structure contained within this application and/or that exists on the above property complies with all Lower Nazareth Township ordinances; and states that the information provided on this application by the Applicant(s) and owner(s) is true and correct to the best of their knowledge or belief. The Applicant hereby acknowledges that Lower Nazareth Township and their assigns are the sole producer of inspection services for Lower Nazareth Township.

The Applicant also understands that use of the dwelling as a home office or home occupation is not approved until a permit for the proposed use has been issued.

SIGNATURE OF APPLICANT(S) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER(S) \_\_\_\_\_ DATE \_\_\_\_\_

Payment must be submitted in CASH or CHECK, payable to: "Lower Nazareth Township".

**OFFICE USE ONLY**

Zoning Permit Fee \$ \_\_\_\_\_  Cash  Check \_\_\_\_\_ Receipt # \_\_\_\_\_