



# THE BOROUGH OF BEAVER

## Application For HOME OCCUPATION/HOME BASED BUSINESS PERMIT

469 Third Street, Beaver, PA 15009

[www.beaverpa.us](http://www.beaverpa.us)

Phone: 724-773-6700 Fax: 724-773-6711

[beaverborough@comcast.net](mailto:beaverborough@comcast.net)

Today's date: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_

Property address: \_\_\_\_\_

Property owner name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Number of employees: \_\_\_\_\_ (all employees must be family members of the property)

Name(s) of employees: \_\_\_\_\_

Description of home business:  
\_\_\_\_\_  
\_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_ - PERMIT FEE IS NON-REFUNDABLE

### Home Occupation

Any activity carried out for monetary gain conducted as an incidental and accessory use by the resident of a dwelling unit (see § 27-1514).

### Home - Based Business

A business or commercial activity administered or conducted as an accessory use which is clearly secondary to the use as a residential dwelling and which involves no customer client or patient traffic, whether vehicular or pedestrian, pickup, delivery or removal functions to or from the premises, in excess of those normally associated with residential use (see § 27-1418).

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(office use only)

\_\_\_\_\_  
Zoning Officer Signature  Approved  Denied Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Approval is subject to the conditions noted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

