



41 South Columbus Avenue
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THE BOROUGH OF LITTLESTOWN

We're growing, one neighbor at a time.

APPLICATION FOR A NEW BUSINESS

***Please complete the permit and return to the Code Enforcement Officer with a current background check and a non-refundable application fee of \$100.00.

TYPE OF APPLICATION:

Customary Home Occupation

No-Impact Home-Based Business

Other (not in a home)

ZONING DISTRICT:

R-1 (Low-Density Residential)

R-3 (High-Density Residential)

C-3 (Highway-Oriented Commercial)

C-4 (Professional Commercial)

I/E (Industrial/Employment)

R-2 (Medium-Density Residential)

TCR (Town Center Residential)

TCMU (Town Center Mixed-Use)

C/E (Commerical/Employment)

1. NAME, ADDRESS & TELEPHONE NUMBER OF APPLICANT:

2. NAME, ADDRESS & TELEPHONE NUMBER OF PROPERTY OWNER:

3. ADDRESS OF PROPERTY OF PROPOSED BUSINESS:

4. NAME OF BUSINESS:

5. TYPE OF BUSINESS:

6. PRESENT USE OF PROPERTY:

7. DESCRIBE, IN DETAIL, HOW YOUR CLIENTELE WILL BE INVOLVED WITH THE LOCATION OF THIS BUSINESS, AND AT WHAT REGULARITY:

8. NUMBER OF EMPLOYEES:

Residents

Non-Residents

9. HOURS OF PROPOSED OPERATION:

10. NUMBER OF OFF-STREET PARKING SPACES AVAILABLE (Each space must be ten feet by twenty feet in dimension):

11. ATTACH PLOT PLAN OF PROPERTY, INDICATING SIZE OF LOT, SIZE OF PROPERTY TO BE USED FOR THE BUSINESS, AND LOCATION OF OFF-STREET PARKING SPACES.

12. LOT DIMENSIONS:

13. SQUARE FOOTAGE OF HOME OR BUILDING:

14. SQUARE FOOTAGE OF PROPERTY TO BE DEVOTED TO HOME OCCUPATION OR NON-HOME BUSINESS:

15. DESCRIBE ANY CHANGES TO BE MADE TO EXISTING BUILDINGS:

16. WILL ANY SIGNS BE DISPLAYED TO IDENTIFY THE BUSINESS:

YES

NO

(If Yes, attach plan of sign including location. See regulations.)

17. ATTACH APPLICATION FEE OF \$100.00.

- Persons applying for a new business may be required to attend a Planning Commission meeting.
- If applicant is not the property owner, please attach a letter from the property owner authorizing and approving the submission of this application.

The undersigned does hereby make application as indicated and acknowledges that the information contained herein is true and correct.

SIGNATURE OF APPLICANT: _____

PRINTED NAME OF APPLICANT: _____

DATE: _____

Zoning Officer Comments:

I have read and understand the comments provided by the Zoning Officer. Initials: _____

