



41 South Columbus Avenue  
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Official Web Site: [www.littlestownboro.org](http://www.littlestownboro.org)

## 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: \_\_\_\_\_**

