

SECTION 2113. FARMERS MARKETS

1. The farmers market area shall be setback from any street line or property line a minimum of twenty (20) feet and a minimum of thirty (30) feet from the principal building wall(s).
2. The farmers market shall be located within forty (40) feet of the use to which it is permitted as an accessory use.
3. The applicant shall demonstrate that ample off-street parking exists in existing parking areas located a maximum of six hundred (600) feet from the market area. A farmers market will not be permitted on a property where a variance of off-street parking or relief through the Parking Demand Needs Assessment has been previously granted by the Township.
4. The farmers market shall not be located within any designated clear sight triangle, access drive travel lane or parking lot aisle.
5. The farmers market shall not adversely impact the health, safety, and welfare of the Township.
6. Operations including set up and removal shall be limited to two (2) days per week during daylight hours and shall not cover a period greater than 6 months.
7. No permanent structures shall be erected in connection with the farmers market. Market materials such as stands, booths, and tables shall be removed at the conclusion of the market day.
8. Any structure shall comply with the building height regulations for accessory uses.
9. The farmers market may not obstruct sidewalks, pathways or any pedestrian walkway.
10. At least ninety (90) percent of the products for sale shall be farm products.
11. The area of the farmers market shall be limited to 4,000 square feet.
12. Market vendors shall comply with all applicable local, state and federal regulations.
13. Additional signage shall comply with Article XIII, Signs.

Farmers Market Sales

Manheim Township

Permit Application



1840 Municipal Drive
Lancaster, PA 17601-4162
Phone: (717) 569-6406 ext. 71
Fax: (717) 560-4183
planningzoning@manheimtownship.org

TYPE OR PRINT CLEARLY IN INK

Date Received _____ Permit # _____ Contact Name _____

Project Address _____ Contact Phone (____) _____ ext. _____

I hereby certify that the proposed Farmers Market is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent and agree to conform to all Manheim Township Ordinances.

Signature of Property Owner or Authorized Agent (Permit Applicant)

Printed Name of Property Owner or Authorized Agent

Permit Fee \$65.00 Applicants Email Address: _____

Property Owner Information (at time of application)

Name _____ Work Number (____) _____

Address _____ Other Number (____) _____

City _____ State _____ Zipcode _____ Fax Number (____) _____

Supermarket Name (If applicable) _____

Sponsoring Store Information Contact Email Address: _____

Name of Store _____ Store Number (____) _____

Address _____ Other Number (____) _____

City _____ State _____ Zipcode _____ Fax Number (____) _____

Contact Name _____ Contact Number (____) _____

Items to be sold _____

Starting Date of Sale _____

Ending Date of Sale _____

Days Per Week (limit 2 days per week) _____

Two site plans shall be submitted with the permit application.

Site plans must clearly and accurately indicate:

- Property lines
- Street right-of-way line
- Farmers Market Sales location
- Dimension of sales areas/vendor areas
- Existing number of parking spaces, including parking lot layout plan
- Clear sight triangle, easements
- Hours of sale
- Distance of sales area to street road right-of-way and property lines

Permit Validation

Zoning District: _____

Fee: Cash Check# _____

Signature of Township Official _____ Date _____

Any proposed signage is subject to the rules and regulations set forth in Article XVIII Signs, of the Manheim Township Zoning Ordinance, as amended.

Failure to comply with all Township rules, regulation, codes and ordinances may result in revocation of this permit, and subject the Applicant to prosecution.

Permit Application Is Valid For One (1) Year.

Vendor(s) Information (List all vendors and products)

Vendor Name _____ Home Number () _____
Address _____ Work Number () _____
City _____ State _____ Zip Code _____ Cell Number () _____
Contact Name _____ Fax Number () _____
Product _____

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Continue Vendor Information On Next Page

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