



APPLICATION FOR HOME OCCUPATION PERMIT

Annville Township

36 N. Lancaster Street
PO Box 178
Annville, PA 17003
Phone: 717-867-4476 Fax: 717-867-0916
www.annvilletwp.com

PERMIT #:

DATE:

FEE PAID:

Applicant's Name: _____ Phone No. _____

Address: _____

Owner's Name: _____ Phone No. _____

Address: _____

Location of Property: _____ Zone: _____

Brief Description of Home Occupation: _____

Home Occupation will occupy _____ square feet and be located _____

Date of Start-Up: _____

PROVIDE TWO (2) SETS OF PLANS WHICH CLEARLY SHOW:

1. The dimensions and shape of the lot where the home occupation will be located.
2. The location and dimensions of where the home occupation will be located within the home.

INCLUDE A WRITTEN STATEMENT WHICH IDENTIFIES HOW THE OCCUPATION COMPLIES WITH EACH APPLICABLE SUB-SECTION OF SECTION 27-510 OF THE ANNVILLE TOWNSHIP ZONING ORDINANCE. SECTION 27-510 PROVIDED ON THE REVERSE SIDE OF THIS APPLICATION. APPLICATIONS WHICH ARE INCOMPLETE AND DO NOT ADEQUATELY ADDRESS THE REQUIREMENTS OF SECTION 27-510 WILL BE DENIED AND RETURNED TO THE APPLICANT.

Date

Applicant's Signature

ZONING OFFICERS ONLY

This application is: Approved () Denied ()

Date: _____ Zoning Officers Signature: _____

Comments: _____

Deposit Paid: _____ Zoning Permit Fee: _____ Inspection Fee: _____ Admin: _____

Total Fee Due: _____ Zoning District: _____ Tax Map Number: _____