



**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](http://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: \_\_\_\_\_