



Upper Salford Township

P.O. Box 100, Salfordville, PA 18958-0100



HOME OCCUPATION APPLICATION AND REGISTRATION

Name of Applicant: _____ Date: _____

Address of Applicant: _____ Telephone: _____

Address of Home Occupation: _____ Telephone: _____

Tax Block: _____ Tax Unit: _____ Tax Parcel: _____ Zoning District: _____

Name of Business and General Description of Operations: _____

Square Footage of Residence: _____ Square Footage Devoted to Home Occupation: _____

Number of Employees: _____ Number of Parking Spaces Available: _____

Name & Relationship of Employees to Owner: _____

I acknowledge that I have received a copy of Section 304.A.9 of Ordinance 2005-3 and that I understand the ordinance requirements and will operate this Home Occupation in conformance with all stipulations of the aforementioned regulation:

Applicant Signature: _____

Application Must be Sworn and Notarized below:

Subscribed and sworn to me this the _____ day of _____, 20_____ .

Signature of Notary: _____

My Commission Expires: _____

Signature of Applicant: _____

Signature of Witness: _____

Do Not Write Below This Line

The Home Occupations described above is hereby registered in Upper Salford Township under the following conditions: _____

