## Township of Haverford **Home Occupation Zoning Permit Application**

Location of home occupation:			
Applicant's name: Telephone No			
Applicant's address:			
Name of business:			
State, in detail, the type of business and how it will be operated including equipment, multiple of business and how it will be operated including equipment, multiple of business and how it will be operated including equipment, multiple of business and how it will be operated including equipment, multiple of business and how it will be operated including equipment, multiple of business and how it will be operated including equipment, multiple of business and how it will be operated including equipment, multiple of business and how it will be operated including equipment, multiple of business and how it will be operated including equipment, multiple of business and how it will be operated including equipment.	achinery, de	liveries, etc.	
Zoning District Lot area (square feet)			
Total floor area of the building (square feet)			
Floor area where business activities may occur (square feet)			
F	T	1	
Will the dwelling be occupied by the applicant as a residence?	YES	NO	
Will any person living outside the home be engaged or employed at the premises?	YES	NO	
Will the home assuration result in clare, dust, electrical interference, smalls or edge?	YES	NO	
Will the home occupation result in glare, dust, electrical interference, smoke or odor?  Will there be any external alterations or evidence of a home occupation (i.e. goods,	YES	NO	
vehicles, equipment, or materials stored outside or visible from the exterior)	YES	NO	
Will there be a sign advertising the home occupation?	YES	NO	
Will a vehicle(s) be used for the home occupation?	YES	NO	
Will the vehicle(s) be larger than a standard van or pick-up truck?	YES	NO	
Will any vehicle be stored on-site?	YES	NO	
Will any vehicles(s) be making trips to or from the home occupation?	YES	NO	
I attest that the information provided with this application accurately reflects the operational associated with the Home Occupation at this location. I also understand that if the operational Occupation are to change from those noted in this application, that a new application must be confluently as a superioral Township Zoning Office. I further understand that if the operations of the Home Occupation the information contained in this form then the Home Occupation will be required to cease operato any fines or other legal remedies for zoning non-compliance.	al activities fo mpleted and f ation are incoi	or this Home filed with the nsistent with	
Signature Date	Date		