

## UPPER PROVIDENCE TOWNSHIP, DELAWARE COUNTY HOME OCCUPATION REGISTRATION FORM

Street Address \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Business Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Present Zoning Classification: \_\_\_\_\_

*Please select one of the following:*

Accessory Home Occupation \_\_\_\_\_

Nonresidential Accessory Use \_\_\_\_\_

Family Day Care \_\_\_\_\_

Full Description of proposed occupation (include sketch of floor plan):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Floor area of Dwelling Unit: \_\_\_\_\_ Area used for home occupation \_\_\_\_\_

***I hereby certify that the statements contained herein are true to the best of my knowledge and belief***

Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Permits may be emailed or picked up in person at the Township Building Please select below:**

I will pick up \_\_\_\_\_ Please email to \_\_\_\_\_

### OFFICE USE ONLY

Application Date \_\_\_\_\_ Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_ Rec'd by: \_\_\_\_\_

Permit # \_\_\_\_\_ Date issued: \_\_\_\_\_ Rec'd from: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_