

NORTH STRABANE TOWNSHIP
1929 ROUTE 519
CANONSBURG, PA 15317
(724) 745-8880

DATE _____

PERMIT NO. _____

APPLICATION FOR HOME OCCUPATION

Under provisions of North Strabane Township Zoning Ordinance No. 154, Article 6, Section 6.3, I hereby make application to operate a "HOME OCCUPATION" in my residence for the year _____.

PROPERTY OWNER _____

ADDRESS _____

PHONE NO. _____

NAME OF HOME OCCUPATION _____

TYPE OF HOME OCCUPATION _____
(Beauty Shop, teaching Instruction, etc.)

DATE OF APPROVAL BY ZONING HEARING BOARD _____

NUMBER OF RESIDENTS OF HOUSEHOLD EMPLOYED IN HOME OCCUPATION _____.

NON-MEMBERS OF HOUSEHOLD EMPLOYED IN HOME OCCUPATION _____
(Full and/or Part-time)

I, the undersigned, certify that the above information is correct to the best of my knowledge, that I have read and understand the provisions under which a "HOME OCCUPATION" is to be conducted and that failure to comply with these provisions could result in penalties as set forth under Article 16 of the North Strabane Township Zoning Ordinance No. 154, dated December 27, 1998, as amended.

Enclosed is my check in the amount of \$35.00 payable to "NORTH STRABANE TOWNSHIP".

(Signature)