



TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870

TELEPHONE : (814) 692-9800

www.halfmoontwp.us

APPLICATION FOR HOME OCCUPATION PERMIT

Name of Applicant: _____

Address of Applicant: _____

Phone: _____ Email: _____

Address of Business (if different): _____

Name of Property Owner (if different): _____

Address of Property Owner (if different): _____

Tax Parcel Number: _____ Zoning District: _____

Name of Business: _____

Date Business Started: _____

Number of Employees: _____ Sq. Footage Devoted to Home Occupation: _____

Number of Off-Street Parking Spaces Provided in Addition to
the Required Parking Spaces for the Residence: _____

Briefly Describe the Home Business Including Products Produced and/or Services
Rendered:

1. Has a Centre Region Code Building Permit Been Received? _____

2. Is the Home Occupation being conducted completely within the home or
accessory structures? _____

3. Are articles for sale as a part of the home occupation? _____

4. Do delivery vehicles for supplies and materials service the home
occupation? If yes, provide the number of weekly deliveries. _____

5. Is there any outdoor storage of materials related to the occupation? _____

If yes, explain: _____

Applicant's Signature: _____ Date: _____

Zoning Approval/Denial: _____ Date: _____