

**SPRING TOWNSHIP**  
**1309 Blanchard Street**  
**Bellefonte, PA 16823**  
**814-355-5067 Fax 814-355-2801**  
**www.springtownship.org**

Permit Number \_\_\_\_\_

---

**APPLICATION FOR HOME OCCUPATION PERMIT**

---

LOCATION OF PROPOSED HOME OCCUPATION

Tax Parcel Number \_\_\_\_\_ Street Address \_\_\_\_\_  
Company Name \_\_\_\_\_  
Owner Name \_\_\_\_\_

TYPE OF BUSINESS (DESCRIPTION)

Tax ID Number \_\_\_\_\_ Date Established \_\_\_\_\_  
Number of Employees \_\_\_\_\_  
Number of Parking Stalls Required \_\_\_\_\_ Number of Parking Stalls Provided \_\_\_\_\_  
Total Sq Sf of all Structures Used for Occupancy \_\_\_\_\_  
% of Sq Ft of all Structures Used for Occupancy \_\_\_\_\_

---

REGULATIONS

1. The home occupation shall be carried on completely within the dwelling unit and confined to the ground floor.
2. The home occupation shall be carried on only by members of the immediate family residing in the dwelling unit plus not more than one (1) full-time additional employee or equivalent.
3. The total area of the accessory use shall not exceed twenty-five percent (25%) of the first floor area (foot print) of the dwelling shall be devoted to the home occupation.
4. Articles sold or offered for sale on the premises shall be limited to those produced wholly on the premises.
5. There shall be no use of show windows or display or advertising visible outside the premises to attract customers or clients except as permitted in the Sign Ordinance. Nor shall there be any exterior storage of wares or materials.
6. No exterior alterations, additions or changes to the residential character of the dwelling unit shall be permitted in order to accommodate or facilitate a home occupation.
7. Repetitive serving by truck or service vehicle for supplies and materials shall not exceed an average of one truck per day servicing the home occupation.
8. Adequate parking and parking spaces shall be provided for residents, employees and for the reasonable expected needs of persons visiting the premises because of the home occupation and conformity with the parking regulations of the Zoning Ordinance.

---

AFFIDAVIT

I hereby certify that the above information is true and correct and further agree to conduct the home occupation according to specifications described in this application and in conformity with the ordinances, statutes and regulations of this municipality, county and state.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Official Use Only

VALIDATION

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_