



Springfield Township – Bucks County, Pennsylvania

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HOME-BASED BUSINESS APPLICATION/RENEWAL

PERMIT #:

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. ADDITIONAL INFORMATION MAY BE REQUESTED.

PROPERTY INFORMATION

SITE ADDRESS:

TAX MAP PARCEL #: **42** -

CHECK ALL THAT APPLY: SINGLE FAMILY MULTI-FAMILY AGRICULTURE OTHER

OWNER INFORMATION

OWNER NAME(S):

PHONE:

MAILING ADDRESS (IF DIFFERENT):

CITY

STATE:

ZIP:

EMAIL ADDRESS:

MAY WE EMAIL YOU ABOUT THIS APPLICATION? YES NO

USE QUESTIONNAIRE — PLEASE ANSWER EVERY QUESTION. WRITE 'N/A' IF NOT APPLICABLE.

THIS IS HOW I DESCRIBE MY BUSINESS:

EXAMPLES OF SERVICES I OFFER:

I PRIMARILY CONDUCT MY BUSINESS WITHIN MY HOME WITHIN A SEPARATE STRUCTURE ON MY PROPERTY

THE HOME BASED BUSINESS IS OPERATED ONLY BY INHABITANTS OF THE RESIDENCE. YES NO

I WILL NEED TO STORE UNFINISHED MATERIALS OR FINISHED PRODUCTS OUTSIDE. YES NO

I WILL HAVE _____ EMPLOYEES WORKING HERE THAT DO NOT LIVE AT THIS RESIDENCE.

I WILL HAVE _____ DELIVERIES MADE PER WEEK TO MY PROPERTY IN CONJUNCTION WITH MY BUSINESS.

I WILL HAVE _____ VEHICLES PARKED ON MY PROPERTY IN CONJUNCTION WITH MY BUSINESS.

THE GROSS VEHICLE WEIGHTS ARE: VEHICLE 1 _____ VEHICLE 2 _____ VEHICLE 3 _____

I WILL HAVE _____ VISITS TO MY BUSINESS EACH WEEK BY VENDORS, SUPPLIERS, CUSTOMERS, ETC.

I AM REQUESTING TO DISPLAY A SIGN WITH THIS APPLICATION (A DRAWING OR PHOTO IS ATTACHED) YES NO

THE DIMENSIONS OF MY BUSINESS SPACE ARE _____ FT x _____ FT (INCLUDING ALL SPACES USED FOR BUSINESS)

I USE THE FOLLOWING EQUIPMENT ON-SITE FOR MY BUSINESS (DO NOT LIST STANDARD OFFICE EQUIPMENT OR EQUIPMENT USED OFF-SITE:

PLEASE ATTACH A DETAILED PLOT PLAN TO THIS APPLICATION

THE PLAN MUST SHOW THE DWELLING, ACCESSORY STRUCTURES, OUTDOOR STORAGE AREAS, SIGN LOCATION AND ALL PARKING AREAS FOR VEHICLES, DELIVERIES OR EMPLOYEES. THE BUSINESS LOCATION SHOULD BE CLEARLY MARKED. THE DISTANCE TO ALL LOT LINES MUST BE MARKED.

APPLICANT ACKNOWLEDGEMENT

I HEREBY CERTIFY THAT ALL INFORMATION ON THIS FORM AND ATTACHED DOCUMENTATION IS TRUE, TO THE BEST OF MY KNOWLEDGE. FURTHER, I AUTHORIZE THE LISTED APPLICANT/AGENT TO ACT IN MY STEAD WITH REGARD TO THIS APPLICATION. IN ADDITION, IF A PERMIT FOR THE USE/STRUCTURE IS ISSUED, I CERTIFY THAT THE SPRINGFIELD TOWNSHIP ZONING OFFICER IS AUTHORIZED TO ENTER THOSE AREAS OF THE PROPERTY AFFECTED BY THE PERMIT AT ANY REASONABLE HOUR TO INSPECT FOR COMPLIANCE WITH THE PERMIT AND SPRINGFIELD ZONING ORDINANCE.

OWNER'S SIGNATURE:

DATE: