



**HUNTINGTON TOWNSHIP
ZONING OFFICE**

**APPLICATION FOR HOME OCCUPATION OR
BUSINESS**

APPLICATION NO. _____

DATE:

NAME: _____

ADDRESS: _____

PHONE _____

EMAIL: _____

I (We), request a Zoning Permit to conduct a Home Occupation or Home Business, as described below, at the above address. The described business will conform to the Huntington Township Zoning Ordinance Chapter 27, Part 11, Section 27-1133, Paragraphs 1 – 16, and all applicable State and Federal laws and regulations OR Section 27-1123 and all applicable State and Federal Laws and regulations.

DESCRIPTION OF HOME OCCUPATION OR BUSINESS: _____

PROPERTY IS ZONED: _____

IS THIS USE A PERMITTED IN THIS ZONING DISTRICT? YES _____ NO _____

WILL THIS USE ADVERSLY IMPACT THE EXISTING APPEARANCE OR ENJOYMENT OF THE NEIGHBORHOOD? YES _____ NO _____

BY,

(SIGNATURE)

(PRINT)

A COPY OF SECTION 27-1133 OF THE HUNTINGTON TOWNSHIP ZONING ORDINANCE IS ATTACHED AS PART OF THIS APPLICATION OR IN THE CASE OF A DAY CARE CENTER, SECTION 27-1123 IS ATTACHED AS PART OF THIS APPLICATION.

RETURN TO TOWNSHIP WITH \$50.00 FEE

P.O. BOX 247
YORK SPRINGS, PA. 17372

PHONE: 717-528-4027
FAX: 717-528-7052

EMAIL: huntington@pa.net