

Borough of Carroll Valley Home-Based Occupation Permit

Applicant(s) Name

Phone Number

Applicant(s) Address (Include physical street address, Post Office Box, City, State and zip code)

Provide a description of intended business to include number of clients (full-time / part-time), number of employees (full-time / part-time), and the intended name of company (if applicable):

Customer Parking and Vehicles (traffic safety / control): Provide a description of plan for compliance with parking and other applicable provisions of the Zoning Ordinance Chapter 27, Part 4, Sections 402 and 403:

By signing this permit application, I agree to be bound by the provisions of the Carroll Valley Borough Code of Ordinances, and I attest to being aware of and intending to comply with any applicable regulations promulgated by the Commonwealth of Pennsylvania, and I understand that failure to comply with the terms of this permit becomes grounds for the revocation of this permit.

Signature of Applicant

Date Signed

----- *to be completed by Borough Official* -----

\$50.00 permit fee received: Yes No

Received by:

Inspection Notes:

Any and all stipulations / limitations agreed upon between the Applicant and Carroll Valley Borough regarding compliance with Zoning Ordinance Chapter 27, Part 4, Section 404 and other applicable ordinances: