

MARTIC TOWNSHIP
LANCASTER COUNTY, PENNSYLVANIA

APPLICATION FOR HOME OCCUPATION PERMIT:
As per Martic Township Zoning Ordinance Section No. 510

APPLICANT INFORMATION

Name: _____

Address: _____

Phone #: _____ Cell # _____

Email: _____

If Applicable, Federal or State Employer Identification #: _____

Is Applicant required to carry Workers Compensation Insurance: _____ yes _____ no

If Yes, Workers Compensation Insurance Carrier: _____

Please attach a certificate issued by the Workers Compensation Carrier naming the Township as a policy certificate holder and stating notification of the expiration or cancellation of the policy.

Location of the property: _____

Name & Address of Owner (if different than Applicant): _____

Has applicant been authorized by the property owner to make this application? __ yes __ No
Note: A permit will NOT be granted without property owner's permission!

Present Use of the property: _____

List of any structures presently on the property (include any homes, sheds, barns, out- buildings, etc.): _____

Brief description of proposed home occupation (attach more information, if applicable):

Does the proposed home occupation exceed 25 % of the floor area of the dwelling?
_____ Yes _____ No

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Is a sign permit required at this time? _____ Yes _____ No

See Martic Township Zoning Ordinance Section No. 508. Also, if Yes, please fill out and submit a Zoning/Building App for the sign request.

Does the proposed home occupation follow Martic Township Zoning Ordinance Section No. 510.A 1-9? _____ Yes _____ No

If No, please explain: _____

Date: _____

Applicant's Signature

Date: _____

Property Owner's Signature

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Office Use Only:

Received: _____

Zoning District: _____

Home Occupation Permit Issued? ____ yes ____ no

Date of issuance or denial: _____

Reason for denial (if applicable): _____

Date and manner Notice of Denial served upon Applicant: _____

Zoning Officer Signature Date: _____

Fee Calculations:

Home Occupation permit fee =

Total due payable to Martic Township = _____