



APPLICATION FOR HOME OCCUPATION PERMIT
Ferguson Township, Centre County

1. Name Of Applicant: _____
2. Address Of Applicant: _____
3. Applicant's Phone Number: _____
4. Applicant's Tax Parcel Number: _____
5. Applicant's Tax Identification Number: _____
6. Name Of Business: _____
7. Date Started: _____
8. Number of Employees Other Than Members Of The Immediate Family Residing In The Dwelling Who Work In The Home: _____
9. Number Of Employees Working Off-Premise: _____
10. Total Square Footage Of Residence: _____
11. Square Footage Devoted To Occupation: _____
12. Number Of Off-Street Parking Spaces Provided In Addition To Required Parking For Residence: _____
13. Briefly Describe The Home Occupation Including Products Produced And/Or Services Rendered:

14. If Different Than Above, Give Name And Address Of Property Owner: _____

15. Is This A Renewal Or First Time Home Occupation Permit: **Circle One**
16. Applicant's Signature: _____
17. Date Signed: _____