



CHALFONT BOROUGH

40 N. Main Street Chalfont, PA 18914 P: 215-822-7295 F: 215-822-5528 Email: info@chalfontborough.com

Home Occupation Use Permit Application

TMP#: _____ Today's Date: _____

Business Name: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Description of Business Activity: _____

Attach additional sheets as needed.

See Borough Code Section §440-15.H.1 – Accessory Home Occupation, for specific use regulations.

Property Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Zoning District: _____ Zoning Use: _____

Applicant's Signature: _____ **Date:** _____

Zoning Officer's Signature: _____ **Date:** _____

Fee \$25

Permit #: _____