



APPLICATION FOR HOME OCCUPATION PERMIT
Ferguson Township, Centre County, PA



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 Business Started: _____
8. Is This a **Renewal** OR a **First-Time** Home Occupation Permit? **(Circle One)**
9. Number of Employees Who Work in the Home (other than members of the immediate family who reside in the home): _____
10. Number of Employees Working Off-Premises: _____
11. Total Square Footage of Residence: _____
12. Square Footage Devoted to Home Occupation: _____
13. Number of Off-Street Parking Spaces Provided in Addition to the Required Parking Spaces for the Residence: _____
14. Briefly Describe the Home Business Including Products Produced and/or Services Rendered:

15. If Different than Above, Name and Address of Property Owner: _____

16. Applicant's Signature: _____
Date Signed: _____
Email Address: _____

PLEASE ATTACH A FLOOR PLAN SHOWING THE AREA TO BE USED FOR THE BUSINESS