



# BENSALEM TOWNSHIP

Building and Planning Department  
2400 Byberry Road • Bensalem, PA 19020  
215-633-3644 • Fax 215-633-3753

Permit #

Date

Tax Parcel #

## APPLICATION FOR HOME OCCUPATION

*The undersigned applicant hereby makes application for a license to operate a Home Occupation business. Applicant also understands he/she is also required to obtain the proper licensure from the Municipal Tax Office pursuant to the Bensalem Township Business Privilege/Mercantile License Tax. Applicant affirms that he/she has read the Code of the Township of Bensalem Section 232-594, "Home Occupations" and understands that he/she is bound by all of the provisions set forth in the Ordinance.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## BUSINESS INFORMATION

Name of Business: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Square Footage or Percent of Residence that the Business Occupies: \_\_\_\_\_

Type of Equipment to be Used: \_\_\_\_\_

Will There Be Any Alterations to the Structure? (Addition, or Removal of Walls, Electric, Plumbing)

YES ☐

NO ☐

If yes, please explain: \_\_\_\_\_

## SITE INFORMATION

### MUST SUBMIT FLOOR PLAN OF BUILDING INDICATING LOCATION AND DIMENSIONS OF HOME OCCUPATION

Location of Subject Property \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_

Zoning District \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## FOR OFFICE USE ONLY

Zoning Officer's Decision

Inspection Date: \_\_\_\_\_

Approved ☐

Denied ☐

Pursuant to Section: \_\_\_\_\_

\_\_\_\_\_  
Code of the Township of Bensalem

\_\_\_\_\_  
Zoning Officer Signature

\_\_\_\_\_  
Date

Township of Bensalem Building & Planning Dept.

Fee: \$

Date Received: