

Clinton Township
711 Saxonburg Blvd
Saxonburg, PA 16056
(724) 352-9000

PROJECT NARRATIVE

(Application for In-Home Occupation Occupancy Permit)

Property Owner: _____

Address: _____ Telephone No. _____

Business Name: _____

Nature of Business: _____

Hours of Operation: _____

Services offered and or rendered: _____

Zoning District: _____

Will a sign be displayed?: Y N Language on sign: _____

Size of sign: _____

The applicant named herein makes application for an Occupancy Permit for the above indicated in-home occupation and has provided the information indicated above. If the use complies with the provisions of the Clinton Township Zoning Ordinance and any applicable laws of the Commonwealth, an Occupancy Permit will be issued. It is understood that the Occupancy Permit is valid only for the use indicated, is non-transferable and can only be changed with the permission of the Township. Any violation of the regulations will result in an immediate revocation of the Permit, with penalties attached.

Date: _____

Signature of Applicant

Date Approved: _____

Date Denied: _____

Zoning Officer

Reason for denial of Occupancy Permit: _____

TOWNSHIP USE ONLY:
Date Received: _____ Received By: _____ Approved: Y N Application No. _____