



**Home Occupation Certificate
Application for Family Day Home
(Childcare) (HOC2)**

**Date
Stamp**

ZNA _____
Staff: _____

Fee*: \$ _____

Make checks payable to PWC
(*in accordance with current [Fee Schedule](#))

Applicant Information*	Name		
	Mailing Address	City/State	Zip Code
	Email	Phone	
Business Information	Business Name		
	Number of Children: _____	Note: The maximum number of children allowed in a family day home is twelve (12). The maximum number allowed does not include any children who reside in the household.	
	Number of employees not living in the residence who may work in the business: _____	Note: Maximum number of people not living in the residence who may work in the business is two (2).	
Property Information	Property Address	City/State	Zip Code
	GPIN (Grid Parcel Identification Number)	Lot Size (acres or square feet)	
	Zoning District	Magisterial District	

***The applicant is a person who will operate the proposed Family Day Home.
If you are not the property owner and you wish to run a Family Day Home from the property address, you will need to submit the Power of Attorney Form signed and notarized by the property owner giving you permission to operate the Family Day Home business.**

I hereby certify that the information provided on this application is accurate, true and correct to the best of my knowledge and belief.

Applicant Signature _____ **Date** _____