

HAZLE TOWNSHIP YARD SALE PERMIT
APPLICATION

Date _____

Permit No. YS-

Name _____

Address

City _____ State _____ Zip _____

Phone _____ Cell _____

Per ordinance # 2010-8-9-1 sale may not exceed three (3) consecutive days permits may be obtained from April 1 to Oct 31 and a maximum of two weekends a month. In case of weather event causing the cancellation of the sale permittee must contact Hazle Township within 48 hrs. of the weather event to get an extension. Extensions are at the discretion of Hazle Township. Only one (1) extension for the original length of, or the number of affected days, will be granted per permit, NO EXCEPTIONS

Location of Sale

Date(s) of Sale ____/____/____ to ____/____/____

All signs shall be removed within 24 hours of the conclusion of the sale.

Will you be posting signs? Yes _____ No _____ If yes # of signs _____

Have your privileges to hold a yard sale ever been revoked? Yes _____ No _____

If yes, when _____ Reason:

Permit holder shall ensure there is adequate and safe parking for their yard sale. At no time what so ever shall the permit holder cause or allow, either directly or indirectly, the obstruction of any Township Road, Alley, Right of Way or any other areas used for the traveling public. In the event of an emergency, sufficient access shall be given for emergency responders.

This is to certify that the person (s) named herein have applied for and received approval of Yard Sale Permit at the address listed on page one of this application. This approval is based solely on the information contained within this application. Should, upon investigation, the situation be found to be contrary to what has been stated by the applicant, Hazle Township reserves the right to revoke this approval and retains the right to suspend or revoke any future permit privileges.

Applicant signature

Printed Name

Date ____/____/____

Please direct all questions or concerns to the Hazle Township Zoning Office at 570-455-2030
Fax 570-453-2402
101 West 27th Street Hazle Township, Pa. 18202
Mailing Address: PO Box 506, Harleigh, Pa. 18225

Page 1 Over =>

For Office Use Only

Date received ____/____/____ By

Permit approved _____

Date ____/____/____ Township Official

Permit denied _____

Reason for denial:

Date ____/____/____ Township Official

Number of permitted yard sales at this location in the past 30 days _____

Violations _____