



Community Development Department

100 Parklane Drive • Eagleville, PA 19403

Phone: (610) 539-8020 • Fax: (610) 539-6347

www.lowerprovidence.org

APPLICATION FOR GARAGE OR YARD SALE PERMIT

Location of Sale: _____

Name of Applicant: _____ Phone: _____

Name of Property Owner: _____ Phone: _____

Individual Sale:

Group Sale:

(Multiple houses for same event)

Name or names of persons other than the owner, if any, who will be conducting the sale or auction:

Name(s): _____

If group sale please list participating homes *(Address or Names)*:

Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____

Date of Sale: 1st Date: _____ 2nd Date: _____ Time: _____

Rain Date: 1st Date: _____ 2nd Date: _____ Time: _____

Signature of Applicant: _____ Date: _____

Approved by: _____ Date: _____
Township Representative

THIS PERMIT MUST BE DISPLAYED AND BE VISIBLE FROM THE STREET IN FRONT OF SALE LOCATION

Copies: Township Police Applicant

Permit #: _____ **Date:** _____ **Fee Paid:** _____