Yardley Borough

56 South Main Street
Yardley Pa, 19067
215-493-6832 Fax 215-493-6255

Date:_____ Email:_____
Name and Address of Business: _____
Name and Address of Business Owner: _____
Name and Address of Landlord if you are a tenant: Business Phone:
_____
Date Business Commenced in Yardley Borough:_____

- ☐ Retail Store
- ☐ Professional and/or Private Office Personal Service
- ☐ Restaurant
- ☐ Medical Office/Facility Industrial
- ☐ Financial Institution
- ☐ Home Occupation
- ☐ Other Institution (please explain) :_____

Have you registered your Fire/Security System? Yes ☐ No ☐
Have you applied to the Zoning Office for a sign permit? Yes ☐ No ☐
Is business located in Historic District Yes ☐ No ☐

This registration form must be completed and returned to the Yardley Borough Zoning Officer. You may mail, fax or drop off the form in Yardley Borough Hall. Thank you and Welcome to Yardley!

For Borough Zoning Officer

Date Received: _____

Zoning Officer Signature:_____