



OFFICE OF COMMUNITY DEVELOPMENT

DEVELOPMENT APPLICATION

(Home Occupation / Business)

FORM C

Application # _____ Land Use District: _____
Application Fee: _____ Received By: _____
Date Application Complete: _____

Applicant will complete the rest of the form:

I / WE hereby make application under the provisions of the Land Use Bylaw # 987-11 to apply for a permit to operate a home occupation business.

Applicants Name: _____ Phone: _____
Street Address: _____ Mailing Address (Box): _____
Legal Description: Lot: _____ Block: _____ Plan: _____
Registered Owner's Name (if different): _____ Phone: _____
Signature of Registered Owner (if different, authorizing application): _____

Name of Business: _____

Proposed Occupation: _____

Summary of Proposed Occupation:

- | | | | |
|--|---|--|---|
| <u>Type of Operation:</u> | <u>Location on Site:</u> | <u>Storage Requirements:</u> | <u>Additional Requirements:</u> |
| <input type="checkbox"/> Phone and Office | <input type="checkbox"/> Main Building | <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor | <input type="checkbox"/> Water |
| <input type="checkbox"/> Retail Sales | <input type="checkbox"/> Accessory Building | List: _____ | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Outside | _____ | <input type="checkbox"/> Waste Material |
| <input type="checkbox"/> Service | | _____ | <input type="checkbox"/> Off-street Parking(Amount____) |
| <input type="checkbox"/> Other | | _____ | <input type="checkbox"/> On-street Parking (Amount____) |
| <u>Noxious or Hazardous substance or waste:</u> | | <u>Display Requirements:</u> | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Signs <input type="checkbox"/> Other | |

I/We hereby certify that the information contained in this application, included any further information contained in attached materials is to the best of my knowledge true. I / We further certify that the owner of the land described above is aware of this application.

Signature of Applicant: _____ Date: _____

