

RAYMOND

DEVELOPMENT APPLICATION

(Home Occupation 1 / Home Occupation 2 Business License)

Application # _____	Land Use District: <u>General Residential R-1</u>
Application Fee: _____	Received By: _____
Date Application Complete: _____	

Office Use

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

Applicants Name: _____ Phone: _____
Street Address: _____ Email: _____
Mailing Address: _____ City _____ Postal Code _____
Legal Description: Lot: _____ Block: _____ Plan: _____

Registered Owner's Name (if different): _____ Phone: _____

Name of Business: _____

Proposed Occupation: _____

Summary of Proposed Occupation:

BUSINESS DESCRIPTION

Home Occupation 1: A small scale, home occupation contained within the principal dwelling.

Home Occupation 2: All other home occupations shall be classified as a home occupation 2.

Phone and Office use only

The use of a principal structure, garage, and/or accessory structure

No Outside Storage and/or Display of Goods

Limited outdoor storage provided that it is screened from view and/or display of goods within the residence, garage or accessory structure.

No Customer/Client Visits

Limited volume of on-premises sales

A maximum of one non-resident employees

Limited customer/client visits



RAYMOND

1) Is there another home occupation already operating out of the residence? Yes No

2) Where will the business operate from? In-home Accessory building

How will you interact or do business with your clients or customers?

In person. Clients/customers will come to the residence. On average, how many clients will come to the residence?

Less than 1 per day 1-5 per day More than 5 per day

Remotely. Clients/customers will not be coming to the residence but will only be in contact by:

Phone Internet/Email Mail Courier Fax

3) How many on-site parking spaces for any client visits, deliveries, etc. will be available? _____

4) What will the days of operation be?

Mon-Fri Weekends 7 days/wk Part-time

5) What will be the hours of operation? _____

6) Will there be any employees that are not residents of the dwelling? Yes No

If YES:

a) How many employees will come to the residence? _____

b) Will more than 1 employee come to the residence at a time? Yes No

7) Will there be any equipment or materials stored outside the dwelling that will be used in conjunction with the business?

Yes (list materials & quantities) _____

No

8) Will any vehicles/machinery/tools be used to operate the business? Please list.

9) Will there be any flammable or hazardous materials on the premises as a result of the business?

Yes (list materials & quantities) _____

No

10) Will any goods be displayed at the residence? Yes No

11) Will there be a sign for the business? Yes No

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:** _____

Signature of Property Owner: _____ **Date:** _____

(if different than applicant)

