

# TOWN OF COALHURST HOME OCCUPATION DEVELOPMENT PERMIT APPLICATION

<b>Date of Application:</b>		<i>Development Permit Application No.</i>	
<b>Date Fee paid</b>		<i>Development Permit Fee</i>	
<b>Date Deemed Complete</b>		<i>Reviewed by DO</i>	

**IMPORTANT NOTICE:** This application **does not** permit you to operate the business until such time as a notice of decision has been issued by the Development Authority. If a decision has not been received within 40 days of the date of application and no extension agreement has been entered into, you have the right to deem the application refused and file an appeal to the Subdivision and Development Appeal Board.

## APPLICANT INFORMATION

**Name of Applicant:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Phone (alternate):** \_\_\_\_\_

**City:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

Is the applicant the owner of the property?  Yes  No

↓  
IF "NO"

**Name of Owner:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Phone (alternate):** \_\_\_\_\_

**City:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Applicant's interest in the property:**  Agent  
 Contractor  
 Tenant  
 Other \_\_\_\_\_

## PROPERTY INFORMATION

**Municipal Address of Home Occupation:** \_\_\_\_\_

**Legal Description:** Lot(s) \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

## BUSINESS DESCRIPTION

- (1) Describe the primary function of your business. What goods and/or services are provided? Attach an additional sheet describing the business.
- (2) Is there another home occupation already operating out of the residence?  Yes  No
- (3) Where will the business operate from?  In-home  Accessory building
- (4) 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  Fax  Mail  Courier  Internet/Email
- (5) How many parking spaces for any client visits, deliveries, etc. will be available? \_\_\_\_\_
- (6) What will the days of operation be?  Mon-Fri  Weekends  7 days/wk  Part-time
- (7) Will there be any employees that are not residents of the dwelling?  Yes  No
- If YES:
- How many employees will come to the residence? \_\_\_\_\_
- Will more than 1 employee come to the residence at a time?  Yes  No
- (8) 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
- (9) Will any vehicles/machinery/tools be used to operate the business? Please list.
- \_\_\_\_\_
- (10) Will there be any flammable or hazardous materials on the premises as a result of the business?
- Yes (list materials & quantities) \_\_\_\_\_
- No
- (11) Will any goods be displayed at the residence?  Yes  No
- (12) Will there be a sign for the business?  Yes  No

## DECLARATION OF APPLICANT/AGENT

The information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts in relation to the application for a Home Occupation. I also consent to an authorized person designated by the municipality to enter upon the subject land and buildings for the purpose of an inspection during the processing of this application.

*IMPORTANT: This information may also be shared with appropriate government/other agencies and may also be kept on file by those agencies. The application and related file contents will become available to the public and are subject to the provisions of the Freedom of Information and Protection of Privacy Act (FOIP).*

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
Registered Owner (if not the same as applicant)

