



Town of Crossfield Home Occupation Permit

I/We hereby make application under the provisions of the Land Use Bylaw for a Home Occupation Permit in accordance with the plans and supporting information submitted herewith and which form part of this application.

PART A

Date: _____

Name of Applicant: _____

Telephone: _____ Alternate: _____

Email address: _____ Mailing Address: _____

REGISTERED OWNER OF LAND:

Same: _____ Other: _____

Mailing address: Same: _____ Other: _____

BUSINESS INFORMATION:

Address of property affected (Municipal Address): _____

Legal Description: Lot: _____ Block: _____ Plan: _____

Tax Roll #: _____ Zoned: _____

Name of Business: _____ Mailing Address: _____

Alternate: _____ Email Address: _____

NOTE: Is this application for renewal of an existing home occupation with NO Changes?

Yes ____ No ____ *If No, Complete Part B of Application. If yes, do not proceed any further.*

PART B

Existing use of Land or building on property: _____

Description of proposed Home Occupation (as much information as possible):

1. Adjacent Landowner Notification

The Town of Crossfield will circulate this application to your adjacent neighbors, informing them of your application to operate a home based business, and giving them the opportunity to submit any comments or objections they may have

2. Storage of Materials/Supplies

- a. Are materials/supplies and/or equipment (hand tools, large equipment) used in the operation of your business? Yes: ___ No: ___
- b. If yes, are these materials/supplies and/or equipment stored at your residence? Yes:___ No: ___
- c. If yes, please indicate:
 - i. What kind of materials are stored (chemicals, tools: _____
 - ii. Where are they stored: _____
 - iii. How much is stored: _____
 - iv. How long are they stored on site for: _____

3. Delivery of Goods

- a. Are goods or materials used in connection with your business delivered to your residence? Yes: ___ No: ___
- b. If yes, please indicate what kinds of materials are delivered? _____
- c. How often and during what hours are materials delivered?

4. Vehicles

- a. Do you use a vehicle(s) in the operation of your business? Yes: ___ No: ___
- b. If yes, what kind of vehicle(s): _____
- c. Do you use your personal vehicle(s) for business use: _____
- d. How much on-site parking is available (Driveway, garage): _____

5. Clients & Customers

- a. Do you have clients or customers coming to your residence? _____
- b. If yes, on what days or during which hours do they come to your residence? _____
- c. How many clients or customers would be at your residence at one time? _____

d. While at your residence, where do your clients or customers park? _____

6. Work Area

a. Describe the work area in the home (location, size, office equipment, etc): _____

b. Is there a creation of a nuisance by way of dust, noise, odour, smoke etc? Yes: __ No: __

c. If yes, please describe: _____

7. Signage

a. Do you plan on advertising your business by way of signage? Yes: __ No: __

b. If yes, please provide details of size, location etc:

c. Are you aware of the size and location restrictions? Yes: __ No: __

I/we hereby make application under the provisions of the Land Use Bylaw section 9.24 for Home Occupations permit in accordance with the plans and supporting information submitted herewith and which form part of this application.

Signature of Applicant: _____

Signature of Registered Owner: _____

PLEASE REMEMBER TO ATTACH YOUR APPLICATION FEE, SITE PLAN (AND/OR PLOT PLAN) AND OTHER SUPPORTING MATERIAL TO YOUR APPLICATION

FOR OFFICE USE ONLY

Application No. _____ **Fee Submitted:** _____ **Received by** _____ **Date:** _____

Statement of Decision:

This Home Occupation Permit Application is:

_____ APPROVED subject to conditions
_____ REFUSED for the attached reasons
_____ TABLED for further information

Date of Notice of Decision: _____ **Date of Issuance of Permit:** _____

Development Officer/Assistant Development Officer