



## 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):

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## **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