



**Town of Sundre
APPLICATION FOR
HOME OCCUPATION PERMIT
LAND USE BY-LAW 705**

Application No: _____

To be Completed by Landowner/Applicant:
 Permit Applicant Type: Owner Applicant Application Date (mm/dd/yy) _____ Accepted as Complete: _____

Landowners Name(s): _____ Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ Ph: _____ Alt Ph: _____ Fx: _____ Email address: _____	Applicant Name(s): (Same) _____ Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ Ph: _____ Alt Ph: _____ Fx: _____ Email address: _____
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Address of Property to be Developed: _____
 Name of Business: _____
 Operation Occurring in the: Primary Building _____ Accessory Building _____ Both _____

***PLEASE COMPLETE PAGE 2**

PERMIT APPLICATION DECLARATION: I/We hereby certify that I am/we are the registered owner(s) or authorized to act on behalf of the registered owner(s) and that the information on this form and on the attached plans and supporting materials is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application. By submitting this application, I hereby allow right of entry for inspection purposes.

Signature of Applicant: x _____ Date: (mm/dd/yy) _____
 Signature of Landowner: x _____ Date: (mm/dd/yy) _____

To Be Completed By Development Authority: Minor _____ Major _____ Parking Plan _____ Owner's authorization _____ Land Title _____

Application Fee \$ _____ Receipt No. _____ Date: _____ Accepted as complete _____

Land ID: Lot: _____ Block: _____ Plan: _____ Land Use Zoning _____ Tax Roll No. _____

Development Officer: _____ Approved: _____ Refused: _____

Decision Date: _____ Lapse of Appeal Period (Major only): _____ Dev. Permit Issue Date: _____

SDAB date: _____ Hearing date: _____ Date of decision: _____

This personal information is being collected under the authority of the Municipal Government Act Section 3, and will be used in the processing of this application. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act, Section 33. If you have any questions about the collection or use of this personal information, please contact the FOIP Coordinator, 717 Main Avenue West, Box 420 Sundre, AB T0M 1X0 at [403-638-3551](tel:403-638-3551).

Type of Business (please describe in detail what you will be doing in your home occupation):

Will there be increased traffic generated from the operation of the proposed Home Occupation? Yes No

Hours of operation: Per day? _____ Per week? _____ Times (when) _____ to _____

Will there be any on premise sales or services from the property? Yes No

How many people will be employed at the residence other than you (if any)? _____

How many clients or customers (if any) come to your residence during an average day? _____ week? _____

Where will parking be provided for other employees/clients/customers? (Please provide a site plan showing location and size of parking area). _____

Will there be any interior alterations required to the home to accommodate the Home Occupation? Yes No

Indicate the types of materials stored at your home (if any and how much is stored). Note that goods and materials are not to be stored outside. _____

_____.

What type of equipment will be used on your premises for your business (i.e. computer, printing, press, tools, etc). _____

_____.

Please describe type, length and weight of any vehicle (maximum of one), utility trailers, etc. used in the operation of the business: _____.

Identify the number of vehicles to be used for the home occupation (if any) and type (i.e car, truck, etc.)

_____.

Based on the information being provided, your application will be considered as either a Home Occupation – Minor or a Home Occupation – Major.

*Business Licenses are required for all Home Occupations.