

APPLICATION FOR A HOME OCCUPATION

FORM B



APPLICATION NO. _____

APPLICATION DATE _____

ROLL NO. _____

APPLICANT: _____

Civic Address: _____

Mailing Address: _____

Email: _____ Telephone: _____

REGISTERED OWNER: _____

Mailing Address: _____

LEGAL DESCRIPTION: Lot(s) _____ Block _____ Plan _____

EXISTING USE: _____

PROPOSED USE BEING APPLIED FOR: _____

NAME OF BUSINESS: _____

HAS A BUSINESS LICENSE BEEN APPLIED FOR? ☐ Yes ☐ No

FLOOR AREA FOR BUSINESS USE: _____

NUMBER OF EMPLOYEES: _____ NUMBER OF CLIENT VISITS PER DAY: _____

PROPOSED HOURS OF OPERATION: _____ to _____

PROPOSED DAYS OF WEEK OF OPERATION (i.e. Mon-Fri, Sat, Sun): _____

NOISE GENERATED: ☐ Yes ☐ No

STORAGE OF GOODS ON PROPERTY: ☐ Yes ☐ No

OFF-STREET PARKING AVAILABLE: ☐ Yes ☐ No # OF SPACES _____
(If yes, site plan required and number of spaces)

ADDITIONAL VEHICLES REQUIRED: ☐ Yes ☐ No

ANTICIPATED INCREASE IN VEHICULAR TRAFFIC: ☐ Yes ☐ No

ODOURS OR NOXIOUS EFFLUENTS: ☐ Yes ☐ No

REGISTERED OWNER:

I certify that I am the registered owner of the land described above.

DATE: _____ SIGNED: _____

REGISTERED OWNER