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## HOME OCCUPATION QUESTIONNAIRE

TAX ROLL #	LAND USE DISTRICT
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MUNICIPAL ADDRESS :	PLAN:	BLOCK:	LOT:
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LONG LEGAL (if applicable) :

*I hereby acknowledge that I propose to operate a business at the address for which I am applying. I provide the following information to determine whether development and building permits are required for the proposed use of the land and building. The information below is correct.*

APPLICANT:	ADDRESS:
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CITY:	PROV:	P/C:
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EMAIL:	PHONE:	CELL:
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APPLICANT'S FILE NUMBER:	
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DATE:	NAME:	SIGNATURE:
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Please answer the following questions to assist in the review of your proposed home-based business.

**1. TYPE OF BUSINESS** - Check any of the boxes that apply to the operations of your business

Office only   
  On-line Sales only   
  Sales   
  Personal Service (stylist, aesthetics, massage, etc)   
  Mobile Service only  
 Artisan (woodworking, crafts, painting)   
  Educational/Training (tutoring, lessons, etc)   
  Other \_\_\_\_\_

**2. DESCRIPTION OF BUSINESS** - Briefly describe the nature of your business below

**3. PRODUCTION OF FINISHED GOODS & USE OF TOOLS, EQUIPMENT AND MATERIAL ON-SITE**

Does the business include the production of finished goods on-site?  yes  no

What type of tools, equipment and material are used in the production of the finished goods? *Please list below.*

\_\_\_\_\_

\_\_\_\_\_

If yes, during which hours of the day do you operate tools and equipment? From \_\_\_\_\_ to \_\_\_\_\_

Which days of the week do you operate tools and equipment? \_\_\_\_\_

**4. CLIENTS** Do clients attend the residence?  yes  no

Average # of daily client visits? \_\_\_\_\_ Average # of weekly client visits? \_\_\_\_\_ Maximum clients at one time? \_\_\_\_\_

**5. EMPLOYEES** Does the business have employees that **do not** live on the property?  yes  no

Number of non-resident employees? \_\_\_\_\_ Do the employees attend the residence?  yes  no

**6. OFF-SITE JOB SITES** (jobsites away from the residence)

Does your business involve providing services or working at a job site?  yes  no  
 Are materials and equipment delivered directly at the job site?  yes  no

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**7. DELIVERIES (to and from the residence)** Do couriers attend the residence?  yes  no

Average # of daily courier visits? \_\_\_\_\_ Average # of weekly courier visits? \_\_\_\_\_ During which hours? \_\_\_\_\_

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**8. BUSINESS HOURS**

Hours of operation: From \_\_\_\_\_ to \_\_\_\_\_ Which days of the week? \_\_\_\_\_

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**9. PARKING AVAILABILITY – ON-SITE** (Note that on-street parking is public parking and is not included in the parking calculation)

How many on-site parking stalls do you have, including those available in a garage?  
 \_\_\_\_\_

Where will your clients park? \_\_\_\_\_

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**10. STORAGE OF VEHICLES, EQUIPMENT TOOLS & MATERIALS – Will you use vehicles & equipment in the operation of the business?**

Types of vehicles, equipment & materials	How many, type, weight, class, size, volume?	Where is it parked or stored?
a) Personal vehicles		
b) Company vehicles		
c) Equipment		
d) Trailers/utility trailers?		
e) Tools		
f) Material (including chemicals, fuels, etc)?		

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**11. BUSINESS AREA** - What part of the property will the business operate from?

Room in principal dwelling  Attached garage  Accessory building

What is the total area of all buildings on the property? \_\_\_\_\_ m<sup>2</sup>  
 What is the area in square metres of the space used for the operation of the business? \_\_\_\_\_ m<sup>2</sup>  
 What percentage of the gross floor area of the buildings on the site will be used for the operation of the business? \_\_\_\_\_ %  
 Will there be renovations to accommodate the business?  yes  no

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**12. ADVERTISING** – Will you be placing a sign on the property for advertising your business?  yes  no

The maximum area allowed for a home occupation sign is 0.30 m<sup>2</sup>. The sign must be place in a window or against the dwelling.

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**13. Are there other Home Occupations operating from this property?**  yes  no

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**14. Is there a Family Day Home operating on this property?**  yes  no

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**15. Is there a Secondary Suite on this property?**  yes  no

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**16. PROVINCIAL/FEDERAL LICENSING REQUIREMENTS** – Your business may require approvals and licensing from other agencies.  
**Contact Alberta Health Services at 780-342-1380** – personal services (massage, aesthetics, etc) & food services

<b>Development Authority Review</b>	<b>Date:</b>
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Home Occupation <input type="checkbox"/> Minor <input type="checkbox"/> Major	<b>Development permit required:</b> <input type="checkbox"/> yes <input type="checkbox"/> no
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Comments:

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**Further review will be required if the nature or intensity of the business changes.**

<b>Development Officer Name:</b>	<b>Signature:</b>
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<b>Building Safety Codes Officer Review</b>	<b>Date:</b>
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Building permit required:  yes  no

Comments:

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<b>Building Safety Codes Officer Name:</b>	<b>Signature:</b>
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