

### CONTACT INFORMATION

|                  |       |                  |       |
|------------------|-------|------------------|-------|
| OWNER:           | _____ | APPLICANT:       | _____ |
| MAILING ADDRESS: | _____ | MAILING ADDRESS: | _____ |
| CITY / PROVINCE: | _____ | CITY / PROVINCE: | _____ |
| POSTAL CODE:     | _____ | POSTAL CODE:     | _____ |
| PHONE NO.:       | _____ | PHONE NO.:       | _____ |
| EMAIL:           | _____ | EMAIL:           | _____ |

### PROPERTY INFORMATION

MUNICIPALITY: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

CIVIC ADDRESS: \_\_\_\_\_

DESCRIPTION OF HOME OCCUPATION: \_\_\_\_\_  
 (Company Name, hours of operation, type of business customers attending home, signage, # of employees, etc...)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PROPOSED BUILDING INFORMATION

Floor area of dwelling or accessory being used for the home occupation: \_\_\_\_\_

### REQUIRED INFORMATION

|  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Floor Plan<br>Maximum Hard Copy Size of 11" x 17"  | <input type="checkbox"/> | Residential Plan Review Fee payable by debit, cheque or cash<br>(Please refer to fee schedule) | <input type="checkbox"/> |
| Letter of intent detailing type of Home Occupation | <input type="checkbox"/> |  |                          |

### ADDITIONAL REQUIREMENTS

(Following application RRPD to advise if further approvals are required – not an exhaustive list)

|                            |                          |                         |                          |
|----------------------------|--------------------------|-------------------------|--------------------------|
| Municipal Business License | <input type="checkbox"/> | Letter of Authorization | <input type="checkbox"/> |
| Proof of Ownership         | <input type="checkbox"/> |                         |                          |

### DECLARATION

The undersigned hereby applies for a permit in accordance with this application, all municipal by-laws and provincial regulations applicable thereto.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

|                          |       |           |       |
|--------------------------|-------|-----------|-------|
| PLAN REVIEW RECEIPT NO.: | _____ | ROLL NO.: | _____ |
| DATE OF SUBMISSION:      | _____ | ZONE:     | _____ |
| RECEIVED BY:             | _____ |           |       |