

# 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

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