



DRUMHELLER

C O R P O R A T E S E R V I C E S



224 Centre Street
Drumheller, Alberta
T0J 0Y4

Phone: 1-403-823-6300
Fax: 1-403-823-7739

APPLICATION FOR DEVELOPMENT PERMIT
HOME OCCUPATION

APPLICANT: _____
MAILING ADDRESS: _____
PROPERTY OWNER: _____
MAILING ADDRESS: _____

PHONE NO.: _____
POSTAL CODE.: _____
PHONE NO.: _____
POSTAL CODE.: _____

COMPANY NAME: _____

LOCATION OF PROPOSED HOME OCCUPATION:

AREA/SUBDIVISION: _____ CIVIC ADDRESS: _____

LEGAL DESCRIPTION: Plan: _____ Block: _____ Lot(s) _____ / Sec. _____ Twp. _____ Rng. _____ W4th

EXISTING USE OF PROPERTY: _____ ZONING: _____

DWELLING TYPE: Single Family Dwelling Duplex Semi-Detached Single Family Townhouse Apartment

HOME OCCUPATION DETAILS:

OTHER SUPPORTING MATERIAL ATTACHED: _____

If not the landowner, do you have a letter granting permission to operate the Home Occ. Business? Yes No

Where is your business performed? Offsite Onsite

Is your home used for office and administrative work only? Yes No

What part of the dwelling do you plan to use for your business? _____

ADDITIONAL INFORMATION REGARDING DEVELOPMENT:

The applicant is not excused from complying with the requirements of any federal, provincial or other municipal legislation.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

PERMIT FEE: _____ TYPE OF WORK: _____
PERMIT NO.: _____ CLASSIFICATION: _____
RECIEVED BY: _____ DATE APPROVED: _____

HOME OCCUPATION QUESTIONNAIRE

1. Are there any other home occupations operating from this location? Yes No
If so, provide the name and nature of the business(es) _____

2. Excluding vehicles, what equipment, trailers or materials are required for the business? _____
Where are they stored (ie. in the home, garage, at a commercial storage site, etc.) _____

3. Will there be any stock-in-trade kept on the premises? Yes No
If so, how much and how is it sold or distributed? _____
Where is it stored? _____

4. Will there be any flammable or hazardous materials on the premises as a result of the business (ie. solvents, paint thinners, special cleaners, etc.)? Yes No
If so, what is the material, how much is being kept at the premises, and where is it stored? _____

5. Does the material require any special training for use or special storage provisions? Yes No
Are any permits required for their storage or use? Yes No
If so, please provide a copy of the permit.
6. What work will be done on the premises? _____
Where on the premises will the work be done? _____
7. What will the hours of operation be? _____
8. If all work is not done at the premises, where else will it take place? _____

9. Are there any employees of the business who are not members of the family or bona fide occupants of the dwelling? Yes No
Is so, how many? _____
Where do they work? _____
If they are working from the residence, where do they park their vehicles? _____
10. How many vehicles are involved in the business? _____
How many personal vehicles do you have? _____
Where are they parked? _____
11. Provide a description of the business vehicle(s), state type, height, length, weight and number of passengers. Applicants may provide a color photograph. _____

12. Will there be any exterior indication to the public of this home occupation (noise, exterior activity, smoke, odors, traffic, signage, etc.)? Yes No
If yes, please provide details. Failure to disclose anticipated impacts would be grounds for immediate revocation of the permit. _____

13. Will there be any clients coming to the home? Yes No
If so, please state estimated number, frequency and where they will park. _____
