



**TOWN OF FORT MACLEOD**  
**HOME OCCUPATION**  
**DEVELOPMENT PERMIT APPLICATION**

FOR OFFICE USE ONLY
Date Received:
Accepted By:
Date Deemed Complete:
Application No. (if applicable):
Roll No.:
Fee:

Date of Application: \_\_\_\_\_

**IMPORTANT NOTICE:** This application **does not** permit you to operate the business until such time as a notice of decision has been issued by the Development Authority. If a decision has not been received within 40 days of the date of application and no extension agreement has been entered into, you have the right to deem the application refused and file an appeal to the Subdivision and Development Appeal Board.

**APPLICANT INFORMATION**

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

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Phone (alternate): \_\_\_\_\_

Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Is the applicant the owner of the property?  Yes  No

↓ IF "NO" please complete box below

Name of Owner: _____	Phone: _____
Mailing Address: _____	Applicant's interest in the property: <input type="checkbox"/> Agent <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other _____
City: _____	
Postal Code: _____	

**PROPERTY INFORMATION**

Civic Address of Home Occupation: \_\_\_\_\_

Legal Description: Lot(s) \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

**BUSINESS DESCRIPTION**

- (1) Describe the primary function of your business. What goods and/or services are provided? Attach an additional sheet describing the business.
- (2) Is there another home occupation already operating out of the residence?  Yes  No

- (3) **Where will the business operate from?**                       In-home                       Accessory building
- (4) **How will you interact or do business with your clients or customers?**
- In person.** Clients/customers will come to the residence. On average, how many clients will come to the residence?
- Less than 1 per day                       1-5 per day                       More than 5 per day
- Remotely.** Clients/customers will not be coming to the residence but will only be in contact by:
- Phone                       Fax                       Mail                       Courier                       Internet/Email
- (5) **How many on-site parking spaces for any client visits, deliveries, etc. will be available?** \_\_\_\_\_
- (6) **What will the days of operation be?**                       Mon-Fri                       Weekends                       7 days/wk                       Part-time
- (7) **What will be the hours of operation?** \_\_\_\_\_
- (8) **Will there be any employees that are not residents of the dwelling?**                       Yes                       No
- If YES:
- How many employees will come to the residence?** \_\_\_\_\_
- Will more than 1 employee come to the residence at a time?**                       Yes                       No
- (9) **Will there be any equipment or materials stored outside the dwelling that will be used in conjunction with the business?**
- Yes (list materials & quantities) \_\_\_\_\_
- No
- (10) **Will any vehicles/machinery/tools be used to operate the business?** Please list.
- \_\_\_\_\_
- (11) **Will there be any flammable or hazardous materials on the premises as a result of the business?**
- Yes (list materials & quantities) \_\_\_\_\_
- No
- (12) **Will any goods be displayed at the residence?**                       Yes                       No
- (13) **Will there be a sign for the business?**                       Yes                       No

**DECLARATION OF APPLICANT/AGENT**

The information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts in relation to the application for a Home Occupation. I also consent to an authorized person designated by the municipality to enter upon the subject land and buildings for the purpose of an inspection during the processing of this application.

*IMPORTANT: This personal information is being collected under the authority of the Town of Fort Macleod for development. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. For more information contact the Town of Fort Macleod FOIP Coordinator at 403-553-4425.*

\_\_\_\_\_  
 APPLICANT

\_\_\_\_\_  
 Registered Owner (if not the same as applicant)



Development Application No. \_\_\_\_\_

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

Roll No. \_\_\_\_\_ Zoning: \_\_\_\_\_



### SITE PLAN GRID

