



Community Development Department

HOME-BASED BUSINESS APPLICATION

OFFICE USE ONLY:

SECTION 1

Business Name _____

FILE # _____

Civic Address _____

Roll # _____

Parcel ID # _____

Lot # _____

CONTACT INFORMATION (to be completed by the applicant)

SECTION 2

Business Name: _____

Operator Name: _____

Mailing Address: _____

Mailing Address: _____

Telephone: (Work) _____

Telephone: (Home) _____

(Cell) _____

(Cell) _____

Email: _____

Email: _____

BUSINESS INFORMATION

SECTION 3

Business Location

Business to be Located in _____

Dwelling

Accessory Building

Applicant interest in property _____

Owner

Lessee

Other

Nature of Business/Details

Days/Hours of Operation _____

Incorporated (if applicable) _____ Registration # _____ Registration Date _____

Shareholders (if applicable) _____

Number of Employees Resident _____ Non-resident _____

Size of Property (attach legal survey) Frontage _____ m Depth _____ m Area _____ m²

Size of Dwelling _____ m² Number of Storeys _____ Parking Spaces _____

Area occupied by Home-based Business (dedicated or multi-purpose area of dwelling) _____ m²

(Attach floor plan illustrating location and dimensions of home-based business within dwelling.)

Will people come to your home regarding business? No Yes Visits per day: _____

APPLICANT SIGNATURE OF AGREEMENT

SECTION 4

I hereby submit this application and confirm that the information supplied is, to the best of my knowledge, correct. I agree to comply with all Town Regulations and By-laws, agree to develop in accordance with the plans approved by the Town of Conception Bay South, and, not to commence development without written approval and permits from the Town of Conception Bay South. In addition, I acknowledge that I have reviewed this application and agree to provide any additional information requested.

NOTE: Where the applicant and property owner are not the same, the SIGNATURE of the Property Owner will be required before the application can be accepted for processing.

Applicant: _____ Date: _____

Property Owner: _____ Date: _____

Received by: _____ Date: _____

PROCESSING FEE **\$50.00**

RECEIPT # _____

STORAGE AND SIGNAGE	SECTION 5
Do you propose to store goods/equipment on site?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, please indicate location & size of storage area: _____	
Will an accessory building and/or garage be used for the business?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Is signage proposed for the Home-Based Business?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, please indicate location & size of sign: _____	

OFFICE USE ONLY	SECTION 6
REFERRALS (if applicable)	
Service NL - Building Accessibility <input type="checkbox"/>	Service NL – Environmental Protection <input type="checkbox"/>
Service NL - Fire and Life Safety <input type="checkbox"/>	Fire Department <input type="checkbox"/>
Service NL - Environmental Health <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

TAX CLEARANCE	Date _____
	Signature _____

PERMIT # _____

Advertising Fees (if applicable)	Fees/Payments Required
Variance Fee _____	Permit Fee _____
Discretionary Use Fee _____	Occupancy Inspection Deposit (if applicable) _____
Advertising Cost _____	Occupancy Inspection Fee _____
	Other Fees (if applicable) _____
TOTAL _____	TOTAL _____
RECEIPT # _____	RECEIPT # _____