



## FORM A2: HOME OCCUPATION APPLICATION

Supplement to Development Permit Application  
Pursuant to Land Use Bylaw No. 2011

OFFICE USE	
Application No:	Roll No:

This supplementary Form A2 must be completed in addition to Form A: Development Permit Application if you are applying for a development permit for a home occupation use.

**Applicant's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Applicant's Mailing Address:** \_\_\_\_\_

**Legal Land Description of Proposed Development:** \_\_\_\_\_

**1.** This business will be an:       On-site Business       Off-site/Mobile Business

Please attach a site plan or floor plan for the proposed business:       Attached Site Plan/Floor Plan

Please describe the proposed business including any goods and/or services provided:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2.** Hours of operation: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Do all of the employees live on the premises:  No     Yes

If no, please specify how many of the employees do not live on the premises: \_\_\_\_\_

Number of estimated clients/customers per day: \_\_\_\_\_

How many off-street parking spaces for clients, employees, and deliveries will be available? \_\_\_\_\_

**3.** Describe the use, number, and size, of all commercial vehicles visiting the site:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4.** Are any outdoor storage or display areas proposed?     No     Yes

Please describe type and number of items to be stored and indicate location and proposed screening on an attached site plan (Note: outdoor storage or display exposed to public view not permitted in HR, GCR and GCM Districts):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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5. Will there be any flammable or hazardous materials on the premises as a result of the business?

No       Yes (please list materials and estimated quantity) \_\_\_\_\_

6. Are any signs proposed for the business?       No       Yes

Please specify number, type, and size and indicate on an attached site plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DECLARATION OF APPLICANT/OWNER

*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.*

Date: \_\_\_\_\_      **Applicant's Signature:** \_\_\_\_\_

**Landowner's Signature:** \_\_\_\_\_  
(if different from applicant)

*IMPORTANT: This information may also be shared with appropriate government/ other agencies and may also be kept on file by the agencies. This information may also be used by and for any or all municipal programs and services. The application and related file content will become available to the public and are subject to the provisions of the Freedom of Information and Protection of Privacy Act (FOIP). If you have any questions about the collection of this information, please contact the Municipal District of Taber.*