

TOWN OF DRUMHELLER

703 - 2nd AVENUE WEST
DRUMHELLER, ALBERTA
TOJ OY3

PHONE: 1-403-823-1310
FAX: 1-403-823-7739

E-Mail: dev_control@dinosaurvalley.com

APPLICATION FOR DEVELOPMENT PERMIT

HOME OCCUPATION

I/We hereby make application for a development permit under the provisions of the Land Use Bylaw for the Town of Drumheller in accordance with the plans and supporting information submitted herewith which form part of this application. Personal Information is being collected for the purpose of "Development Control, Land Use Planning and Safety Codes Permits" pursuant to the provisions of the Municipal Government Act and its regulations, and pursuant to Section 32(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your personal information, you may contact the F.O.I.P. Coordinator at (403) 823-1339.

APPLICANT: _____ PHONE NO.: _____

MAILING ADDRESS: _____ POSTAL CODE.: _____

PROPERTY OWNER: _____ PHONE NO.: _____

MAILING ADDRESS: _____ POSTAL CODE.: _____

INTEREST OF APPLICANT (if not property owner): _____

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 Occupation 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: _____

(FOR OFFICE USE ONLY)

PERMIT FEE: _____

PERMIT NO.: _____

TYPE OF WORK: _____

CLASSIFICATION: _____

RECIEVED BY: _____

DATE APPROVED: _____

(see over)

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HOME OCCUPATION QUESTIONNAIRE

1. Are there any other home occupations operating from this location? Please circle: 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? Please circle: 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.)? Please circle: 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? Please Circle: Yes No
Are any permits required for their storage or use? Please circle: 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?
Please circle: 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.)? Please circle: 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? Please circle: Yes No
If so, please state estimated number, frequency and where they will park. _____
