



**Application for Home Occupation**  
**Planning and Economic Development**  
 A-4900 50<sup>th</sup> St.  
 Taber, Alberta T1G 1T1  
 Phone: 403-223-6009  
 Fax: 403-223-5530

Office Use Only			
Use: <input type="checkbox"/> Permitted <input type="checkbox"/> Discretionary <input type="checkbox"/> Prohibited		Land Use District:	Roll No:
Home Occupation No:	HO Fee:	Application Received:	Permit Effective:
Business License No:	Date Advertised:	Total Fees:	

- It is recommended you review **Land Use Bylaw** requirements prior to submitting an application.
- You may attach additional details if you require more space than what is provided.
- Please attach the following:
  - Site plan or floor plan

I/We hereby make application for a home occupation development permit under the provisions of Land Use Bylaw 14-2016 in accordance with the plans and supporting information submitted herewith and which forms part of this application.				
<b>Municipal Address:</b>				
<b>Legal Description of Property:</b>		Lot (Parcel):	Block: Plan:	
<b>Applicant:</b>	Name:		Email:	
	Address:			
	Town:		Postal Code:	
	Phone Res:		Phone Cell:	
<b>Registered Owner:</b> (if different from applicant)	Name:		Email:	
	Address:			
	Town:		Postal Code:	
	Phone Res:		Phone Cell:	
<b>Business:</b>	Name:		Business License#:	
	On-Site <input type="checkbox"/>	Hours of operation:		
	Off-Site/Mobile <input type="checkbox"/>			
	Will there be clients coming to your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how many? How often?
	Will there be deliveries to your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what type? How often?
	Do you employ anyone else, other than family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, where will they work from?
	Are any signs proposed for the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify number, type, and size and indicate on site plan:
Have you made your neighbors aware of your proposed Home Occupation?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		How much <b>off-street</b> parking is provided?		
<b>Describe in detail what the business entails:</b> <hr/> <hr/> <hr/> <hr/> <hr/>				

The personal information requested on this form is being collected for a home occupation permit and is protected by the Freedom of Information and Protection of Privacy (FOIP) Act. If you have questions about the collection, contact our FOIP Coordinator at (403) 223-5500.

<p><b>What work will be done on the premises and where?</b> (attach additional details if necessary)</p>	<hr/> <hr/> <hr/>
<p><b>List the types and size of any vehicles, trailers, etc. that are used in the business and where they are stored/ parked:</b></p>	<hr/> <hr/> <hr/>
<p><b>Will there be any external indication to the public of this Home Occupation?</b> (noise, dust, odours, traffic, etc.)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please provide details:</p> <hr/> <hr/> <hr/> <hr/>
<p><b>Will stock, goods, materials, and/or equipment be stored <i>inside</i> the home?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, what will be stored and where will it be stored?</p> <hr/> <hr/> <hr/> <hr/>
<p><b>Will stock, goods, materials, and/or equipment be stored <i>outside</i> the home?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, what will be stored and where will it be stored?</p> <hr/> <hr/> <hr/> <hr/>
<p><b>Will there be any flammable and/or hazardous materials on the premises for the business?</b> (paint thinners, special cleaners, etc.)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, what material, how much is being kept on the premises, and where is it stored?</p> <hr/> <hr/> <hr/> <hr/>

**Signed:** \_\_\_\_\_  
Applicant

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_  
Registered Owner (If different than applicant)

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_  
Development Officer

**Date:** \_\_\_\_\_

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