

APPLICATION FOR A HOME OCCUPATION

FORM H	APPLICATION NO.					
APPLICANT:						
ADDRESS:						
REGISTERED OWNER:						
ADDRESS:			TELE	PHONE:		
Legal Description: Lot(s)		_ Block		Plan		
Quarter Section		Township		Range	W	M
Existing Use:						
Proposed Use Being Applied For:						
Hours of Operation:	to					
Noise Generated:		□ Yes	🗆 No			
Off-Street Parking Available:		□ Yes	🗆 No	No. of Spaces		
Storage of Goods on Property:		□ Yes	🗆 No			
Anticipated Increase in Vehicular Traffic:		□ Yes	🗆 No			
Odours or Noxious Effluents:		□ Yes	🗆 No			
Additional Vehicles Required:		□ Yes	🗆 No			

APPLICANT'S SUBMISSION: Please state your reasons for applying for this home occupation. (Attach a separate sheet if necessary.)

REGISTERED OWNER OR PERSON ACTING ON BEHALF OF:

I certify that I am the registered owner or that the registered owner(s) of the land described above is aware of this application.

DATE: _____

Applicant