



4512 46 Street  
 Olds AB T4H 1R5  
 Main: 403.556.6981  
 Fax: 403.507.4856  
 Email: [planning@olds.ca](mailto:planning@olds.ca)

DP # \_\_\_\_\_

Business License # \_\_\_\_\_

<input type="checkbox"/> Home Occupation Class 1 <input type="checkbox"/> Home Occupation Class 2			
Property Address	Lot	Block	Plan
Applicant		Tel Fax	Cell
Address of Applicant			Postal Code
Email			
Registered Owner		Tel	Cell
Address of Registered owner			Postal Code
OFFICE USE ONLY			
Development Permit Application Fee:		Receipt # _____	
<input type="checkbox"/> \$100 for Home Occupation Class 1 <input type="checkbox"/> \$200 for Home Occupation Class 2			

**See the Land Use Bylaw for regulations: Section 6(2) Home Occupations.**

**The following questions are to be completed by the Applicant:**

1. What will the hours of operation be?
2. What days of the week will you operate?
3. How many off-street parking stalls do you have on your property?  
\_\_\_\_\_
4. Will you be hiring employees?     Yes     No  
 If yes, indicate how many employees other than yourself: \_\_\_\_\_  
 Do these employees live at your home?     Yes     No
5. Will there be signage?     Yes     No    If yes please provide details.  
 \*Note: Maximum size of 0.4m<sup>2</sup> (4 ft<sup>2</sup>) is allowed in Class 2 Home Occupation and Day Cares.

6. Describe the nature of the business:

7. Is there another home occupation operating from this location?  Yes  No

8. Will clients be coming to your home?  Yes  No  
 If yes, indicate how many clients \_\_\_\_\_ per day **and** \_\_\_\_\_ per week

9. How many company vehicles are utilized for the business? \_\_\_\_\_

10. Will deliveries be coming to your home?  Yes  No  
 If yes, indicate how many deliveries per week: \_\_\_\_\_

11. What is the total area of your home? \_\_\_\_\_ m<sup>2</sup>.

12. How much floor area of the home will the business occupy? \_\_\_\_\_ m<sup>2</sup>.

13. Will you be using other buildings on your property for your business?  Yes  No  
 If yes, indicate which buildings: \_\_\_\_\_

14. If applicable, how will garbage and recycling be stored/managed?

Other items required:

Office	Applicant	Required Items
<input type="checkbox"/>	<input type="checkbox"/>	1. Current copy of CERTIFICATE OF TITLE (within 3 months)
<input type="checkbox"/>	<input type="checkbox"/>	2. OWNER AUTHORIZATION (if the applicant is not the owner of the property)
<input type="checkbox"/>	<input type="checkbox"/>	3. APPLICATION FEE
<input type="checkbox"/>	<input type="checkbox"/>	4. SITE PLAN (an existing Real Property Report can be used) showing: a) Off-street parking b) Fencing (for Day Care applications only)

The Development Authority may require additional material to properly evaluate the application.

I hereby make application under the provisions of the Town of Olds Land Use Bylaw #01-23 for a Development Permit in accordance with the plans and supporting information submitted herein and which form part of this application.

\_\_\_\_\_  
 Name of APPLICANT (Please Print)

\_\_\_\_\_  
 Signature of APPLICANT

\_\_\_\_\_  
 Date

# Owner Authorization Form

DP # \_\_\_\_\_

PLEASE PRINT

Property Address:		
Lot	Block	Plan
<p>I hereby certify I am the Registered Owner <b>or</b> Agent authorized to act on behalf of the registered owner(s) of the above stated property.</p> <p>_____</p> <p>Name of <input type="checkbox"/> Registered Owner / <input type="checkbox"/> Agent</p> <p>_____</p> <p>Signature of <input type="checkbox"/> Registered Owner / <input type="checkbox"/> Agent <span style="float: right;">_____</span></p> <p style="text-align: right;">Date</p>		

**IF ABOVE SECTION IS NOT SIGNED BY A REGISTERED OWNER, THE SECTION BELOW MUST BE COMPLETED:**

<input type="checkbox"/> I/we authorize the above named Agent to act on our behalf in submission of this Application.	
_____ Name of Registered Owner	_____ Name of Registered Owner
_____ Signature of Registered Owner	_____ Signature of Registered Owner
_____ Date	_____ Date
<p><b>Please Note:</b></p> <ul style="list-style-type: none"> <li>➤ A registered owner is required to sign.</li> <li>➤ Form must be submitted with original signatures.</li> <li>➤ If Registered Owner or Agent is a corporation, signed documentation showing names of those who have signing authority for the corporation must also be submitted.</li> </ul>	

*The personal information on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used in order to process this form. Please forward questions or concerns to the FOIPP Coordinator at 4512 46 Street, Olds, AB T4H 1R5. Phone 403-556-6981, Fax 403-556-6537, or email FOIP@olds.ca*