



DEVELOPMENT PERMIT HOME OCCUPATION APPLICATION

To fill out this form on your computer, please save it and open it using [Adobe Acrobat Reader](#). (Available for free.)

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:

- Describe the nature of the business:
- What will the hours of operation be?
- What days of the week will you operate?
- How many off-street parking stalls do you have on your property?

- 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

6. Will there be signage? Yes No If yes please provide details.
 *Note: Maximum size of 0.4m² (4 ft²) is allowed in Class 2 Home Occupation and Day Cares.

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? _____ m².

12. How much floor area of the home will the business occupy? _____ m².

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

PLEASE PRINT

DP # _____

Property Address:

Lot

Block

Plan

I hereby certify I am the Registered Owner **or** Agent authorized to act on behalf of the registered owner(s) of the above stated property.

Name of Registered Owner / Agent

Signature of Registered Owner / Agent

Date

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

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

Please Note:

- A registered owner is required to sign.
- Form must be submitted with original signatures.
- 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.

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 FOIP Coordinator at 4512 46 Street, Olds, AB T4H 1R5. Phone 403-556-6981, Fax 403-556-6537, or email FOIP@olds.ca