

Complete this form in conjunction with a planning application for your proposed home occupation (including bed and breakfast), domestic business or domestic industrial use. If more than one use is proposed, complete multiple supplemental forms and one planning application.

Business name:					
Description of products and services provided:					
Business hours (e.g., 9am - 5pm)	Monday	Tuesday	Wednesday	Thursday	Friday
	Saturday	Sunday	Holidays, if applicable		
Total number of employees, including those who reside on the property:					

Location

Do you live at the civic address of the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business location:	<input type="checkbox"/> Principal building	<input type="checkbox"/> Accessory building

Total floor area of business:	sq m	Total floor area of building:	sq m
Total floor area to sell articles not manufactured, repaired or refinished on site:		sq m	
Business will require:	<input type="checkbox"/> An addition	<input type="checkbox"/> A new building	<input type="checkbox"/> No new construction

Parking

Number of parking spaces:	(show parking location and area on site plan)
Number of commercial vehicles exceeding 1.0 tonne parked or stored:	

Signage *(leave blank if no sign is proposed)*

Type:	<input type="checkbox"/> Fascia	<input type="checkbox"/> Freestanding:	<input type="checkbox"/> 1 side / <input type="checkbox"/> 2 sides	(show location on site plan)	
Width:	m	Length:	m	Height (w/ poles)	m

Daycare for children or adults *(leave blank if not applicable)*

Licensed pursuant to the <i>Community Care and Assisted Living Act</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of related children:	Number of unrelated children:	
Number of related adults:	Number of unrelated adults:	

Bed and breakfast *(leave blank if not applicable)*

Maximum number of guests:	Number of bedrooms:
Operation dates: <input type="checkbox"/> All year	<input type="checkbox"/> Seasonal: Start Date End Date

Office use only below this section

Property services representative

Date received	File number	Received by
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Planning services review

All applications

Signage	<input type="checkbox"/> N/A	<input type="checkbox"/> OK	<input type="checkbox"/> No
Parking	<input type="checkbox"/> N/A	<input type="checkbox"/> OK	<input type="checkbox"/> No
Commercial vehicle	<input type="checkbox"/> N/A	<input type="checkbox"/> OK	<input type="checkbox"/> No
Floor area percentage	% <input type="checkbox"/> N/A	<input type="checkbox"/> OK	<input type="checkbox"/> No
More than one business	<input type="checkbox"/> N/A	<input type="checkbox"/> OK	<input type="checkbox"/> No
Maximum floor area per lot	<input type="checkbox"/> N/A	<input type="checkbox"/> OK	<input type="checkbox"/> No
Number of employees including applicant		<input type="checkbox"/> OK	<input type="checkbox"/> No
VIHA approval required?	<input type="checkbox"/> N/A	<input type="checkbox"/> OK	<input type="checkbox"/> No
Daycare for children	<input type="checkbox"/> N/A	<input type="checkbox"/> OK	<input type="checkbox"/> No
Daycare for adults	<input type="checkbox"/> N/A	<input type="checkbox"/> OK	<input type="checkbox"/> No

Bed and Breakfast

Number of bedrooms		<input type="checkbox"/> OK	<input type="checkbox"/> No
Principal dwelling unit		<input type="checkbox"/> OK	<input type="checkbox"/> No
More than one cooking facility	<input type="checkbox"/> N/A	<input type="checkbox"/> OK	<input type="checkbox"/> No

Domestic business or Industrial use

Screening	<input type="checkbox"/> N/A	<input type="checkbox"/> OK	<input type="checkbox"/> No
Work areas in required front, rear or side yard setbacks	<input type="checkbox"/> N/A	<input type="checkbox"/> OK	<input type="checkbox"/> No
Number of pieces of equipment on site	<input type="checkbox"/> N/A	<input type="checkbox"/> OK	<input type="checkbox"/> No
Number of fuel tanks	<input type="checkbox"/> N/A	<input type="checkbox"/> OK	<input type="checkbox"/> No

Building services review

Building permit required?	<input type="checkbox"/> Yes	<input type="checkbox"/> OK	<input type="checkbox"/> No
Reviewed by			

Notes

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Decision Approved Approved with conditions Denied (reasons below)

Conditions / reasons

Date

Reviewed by

Concurrence