



Town of Claresholm
APPLICATION FOR A HOME OCCUPATION

DATE RECEIVED: _____	Application No.	
DATE DEEMED COMPLETE: _____		

APPLICANT INFORMATION

APPLICANT: _____

Mailing Address: _____ Telephone No. _____

REGISTERED OWNER: _____

Mailing Address: _____ Telephone No. _____

CONSENT SIGNATURES

I certify that I am the registered owner or that the registered owner(s) of the land described above is aware of this application and the information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts in relation to the application.

IMPORTANT: *This information may also be shared with appropriate government/other agencies and may also be kept on file by those agencies. The application and related file contents will become available to the public and are subject to the provisions of the Freedom of Information and Protection of Privacy Act (FOIP).*

DATE: _____ SIGNED: _____
Applicant

SIGNED: _____
Registered Owner

PROPERTY INFORMATION

CIVIC ADDRESS: _____

LEGAL DESCRIPTION: Lot(s) _____ Block _____ Plan _____
 Quarter _____ Section _____ Township _____ Range _____

LAND USE DESIGNATION (ZONING): _____

IMPORTANT: *The Development Officer may deem a development permit application incomplete if any of the application requirements are incomplete or the quality of the information is deemed inadequate to properly evaluate the application.*

If a decision is not made within 40 days from the date the application is deemed complete, or within such longer period as the applicant may approve in writing, the applicant may deem the application to be refused and the applicant may exercise his/her right of appeal as though he had been mailed a refusal at the end of the 40-day period.



DETAILS OF PROPOSED HOME OCCUPATION

EXISTING USE: _____

PROPOSED USE BEING APPLIED FOR: _____

HOURS OF OPERATION: _____ to _____

NOISE GENERATED: Yes No Not Applicable

OFF-STREET PARKING AVAILABLE: Yes No Not Applicable No. of Spaces _____

STORAGE OF GOODS ON PROPERTY: Yes No Not Applicable

ANTICIPATED INCREASE IN VEHICULAR TRAFFIC: Yes No Not Applicable

ODOURS OR NOXIOUS EFFLUENTS: Yes No Not Applicable

ADDITIONAL VEHICLES REQUIRED: Yes No Not Applicable

APPLICANT'S SUBMISSION

Please describe your proposed business. (Attach a separate sheet if necessary.)

Please state your reasons for applying for this business. (Attach a separate sheet if necessary.)

FOR OFFICE USE ONLY

ROLL #:	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> PERMIT FEE \$ </div>
RECEIVED BY:	
PROCESSED BY:	
DECISION BY: <input type="checkbox"/> Development Officer <input type="checkbox"/> Municipal Planning Commission <input type="checkbox"/> Council	
DECISION: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Refused	