



Development Permit # _____
Application Date: _____

## APPLICATION FOR HOME BASED BUSINESS PERMIT

**1. GENERAL INFORMATION:**

*(Please complete contact information on the second page)*

**Landowner:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**2. PROPERTY:**

Address to be developed: \_\_\_\_\_

Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ or, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - W5

Land Use District \_\_\_\_\_ Roll # \_\_\_\_\_ Qtr. Sec. Twp. Rge. Mer

**3. HOME BASED BUSINESS TYPE (circle one):      A      B      C      D      E**

*(See descriptions of each Type of HBB on the last page.)*

**Please include a description of your proposed home based business:**

---



---

**4. FEES, ETC.:**

Application Fee	\$ _____	
Other ( _____ )	\$ _____	
<b>Total</b>	<b>\$ _____</b>	

**Note:** Only the application fees are payable at time of application.

**Should you have any questions about your permit, we would be happy to assist you.**

**CONTACT INFORMATION**

**Applicant:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell/Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

**(Please complete if different than above)**

**Landowner:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell/Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

**The personal information is being collected under the authority of the Municipal Government Act M-26 and will be used for administering the affairs of the Town of Slave Lake and provision of services. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Town of Slave Lake FOIP Coordinator.**

- I hereby acknowledge and understand that a Development Permit comes into effect 21 days after the date of decision of the Development Authority.
- The Land Use Bylaw provides that any person claiming to be affected by a decision of the Development Authority may appeal to the Subdivision and Development Appeal Board within 21 days of the date of decision.
- I hereby agree that, should I not appeal the conditions of the approval of the DEVELOPMENT AUTHORITY within 21 days from the date of the decision, I will undertake to perform, fulfill, and abide by all conditions of the Development Permit.
- I understand that I may be required to obtain permits pursuant to the Alberta Safety Codes Act.

\_\_\_\_\_  
Name of Applicant (Please Print in Block Letters)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Landowner (Please Print in Block Letters)

\_\_\_\_\_  
Signature of Landowner

\_\_\_\_\_  
Date

**5. CONSENT TO ELECTRONIC NOTIFICATION:**

I consent to receive documents from the Planning Department by electronic means and have provided the following e-mail address to be used by the Town for that purpose.

*E-mail address to be used:* \_\_\_\_\_

\_\_\_\_\_  
 Landowner's Name (**printed**)                      Landowner's Signature                      Date

\_\_\_\_\_  
 Applicant's Name (**printed**)                      Applicant's Signature                      Date

**6. RIGHT OF ENTRY:**

**RIGHT OF ENTRY BY AN AUTHORIZED PERSON OF THE TOWN OF SLAVE LAKE FOR THE PURPOSES OF SITE INSPECTIONS OF THE LAND AFFECTED BY A PROPOSED DEVELOPMENT PERMIT APPLICATION.**

**I DO**                       **OR**                      **I DO NOT**

**GIVE CONSENT FOR AN AUTHORIZED PERSON(S) OF THE TOWN OF SLAVE LAKE TO ENTER UPON THE LAND THAT IS SUBJECT TO A DEVELOPMENT PERMIT APPLICATION FOR THE PURPOSES OF MAKING A SITE INSPECTION IN ORDER TO:**

- **PRE-DEVELOPMENT INSPECTION(S)** EVALUATE THE SITE WITH THE PROPOSED DEVELOPMENT
- **LOT GRADING INSPECTION(S)** EVALUATE THE LOT GRADING ON SITE
- **FINAL DEVELOPMENT COMPLETION INSPECTION(S)** CONFIRM ALL CONDITIONS OF THE DEVELOPMENT PERMIT HAVE BEEN MET.

All inspections will be conducted during regular business hours i.e., Monday to Friday from 8:00 am to 4:30 pm. You are not required to be present during these inspections however you may be present if you so choose. The Planning Department will not be entering into any structures at any time and will not be conducting inspections for any other reason(s) than those specified above. **However, if this application is for an Apartment, a Secondary Suite, a Security Suite, or a Bunkhouse the Planning Department will conduct an inspection of the interior of these developments.**

**Please be advised that if consent is given, the Planning Department will not provide further notice before conducting these inspections.**

**SUBJECT LAND:** \_\_\_\_\_  
 (CIVIC ADDRESS)

\_\_\_\_\_  
 Landowner's Name (**please print**)                      Landowner's Signature                      Date

**7. HOME BASED BUSINESS CHECKLIST**

Business name \_\_\_\_\_

Describe your business \_\_\_\_\_

Where do you perform your business or sell your product? \_\_\_\_\_

What type of home will you be operating from? \_\_\_\_\_

What part of your home do you use for your business? \_\_\_\_\_

Do you use a garage or shed for your business? \_\_\_\_\_

What equipment do you use in your business? \_\_\_\_\_

Where will this equipment be kept? \_\_\_\_\_

Is there heavy equipment utilized in your business i.e., skid steer, fork lift, etc.? \_\_\_\_\_

Will people come to your home regarding your business? Y / N If yes, how many times/day? \_\_\_\_\_

Are there any employees involved in the business? Y / N If yes, how many? \_\_\_\_\_

What type/size of vehicle(s) may be involved in your business? \_\_\_\_\_

Where is the vehicle parked? \_\_\_\_\_ How many parking stalls do you have? \_\_\_\_\_

What are the days and hours your business will operate? \_\_\_\_\_

Are there any other home based businesses operating on your property? Y / N If yes, please describe these businesses \_\_\_\_\_

Is there a secondary suite in your home? Y / N (If a secondary suite exists a Type C, D & E HBB cannot be approved.)

Do you rent rooms in your home? Y / N If yes, how many vehicles are associated with the rented rooms \_\_\_\_\_

**HOME BASED BUSINESS TYPES AND DEFINITIONS**

**Type A – Home Craft/Child Care** ~ means home crafts for gain or support as a direct result of the extension of a hobby or child care services not exceeding five (5) children at any given time conducted within the dwelling at their private residence. A Home craft may involve direct client contact, by only to a minor extent, and requires no additional employees. Home crafts may include but are not limited to sewing, tailoring and similar domestic crafts, handicrafts, hobbies, music instruction, and tutoring. **No Development Permit Application or fee is required.**

**Type B – Direct Sales** ~ means a home based business operated by a person who carries on the business of selling or offering for sale goods or services or both, or entering into agreements for the sale of goods or services or both, for delivery or performance at a future date, the salesperson offers for sale, solicits, negotiates to concludes the sale of agreement in person at a location other than at the seller's residence. **No Development Permit Application or fee is required.**

**Type C – Professional Services** ~ means a small-scale business or professional office operated in a home by a person who occupies the dwelling as a residence. A home office is limited to a desk, a telephone and related equipment, does not engage in the warehousing or sale of goods, and requires no additional employees. A home office may include but is not limited to offices of accountants, contractors, lawyers, bookkeepers, and architects. If your business will have employees or clients coming to your home see Type E. **Development Permit Application and \$100.00 fee required.**

**Type D – Bed & Breakfast** ~ means a dwelling in which no more than four units (without cooking facilities) which are made available for the temporary accommodation of the travelling or vacationing public. The number of approved units will depend on the availability of on-site parking. The bed & breakfast shall be operated by a person who occupies the dwelling as a private residence. **Development Permit Application and \$200.00 fee required.**

**Type E – Other** ~ means a home-based business, excluding the above noted, operated in the home and may be extended to an accessory residential building provided that the minimum on-site parking requirements are met. The business may involve clients and/or client groups coming to the home. The number of non-resident employees working on-site shall not exceed two at any given time. **Development Permit Application and \$200.00 fee required.**