

OWNER AUTHORIZATION



LLOYDMINSTER

Office Use Only
DP # _____

Date: FEB 21/2020

[Redacted]
[Redacted]
[Redacted]

***REQUIRED IN THE ABSENSE OF THE OWNER'S SIGNATURE ON THE APPLICATION FORM
MUNICIPAL GOVERNMENT ACT, RSA, 2000, CHAPTER M-26**

[Redacted] OF _____
Registered Owner Name Company (if Applicable)

BEING THE REGISTERED OWNER OF:

Legal Description: Lot(s) 21A Block 1 Plan 90B00298 Other ZONE R4

Municipal Address (if Applicable) 4305-39 STREET Tax Roll: 12027020000

Do hereby authorize: [Redacted] to make an application for the above noted property.
Name of Applicant (Please Print)

Please Check the Appropriate Box(es):

- Rezoning
- Subdivision
- New or Amended Area Structure Plan or Area Re-Development Plan
- Development Permit
- Property File Information (May be limited or require a FOIP request as per Freedom of Information and Privacy Act)
- Other USING SUITE #308 AS AN "OFFICE" FOR HER BUSINESS.

Period of Authorization:

Effective Date: (mm/dd/yyyy): 02/21/2020

Expiry Date: (mm/dd/yyyy): When lease is terminated and/or the subject vacates the suite.

[Redacted Signature]
Registered Owner Signature

FEB 21/2020
Date

Home Office/Occupation Questionnaire Application for Development Permit



LLOYDMINSTER

Date: FEBRUARY 25, 2020

Office Use Only
DP # _____

	Mailing Address: <u>308-4305 39 ST LLOYDMINSTER SK S9N 1Y4</u>
	Lot <u>21A</u> Block <u>1</u> Plan <u>90B 00298</u>
	Property Owner (Signature)

ROLL # 12027020000
R4

Part 1 – General Information – CIRCLE YES or NO

1. Does your office/business require you to perform duties other than paperwork in your home? YES OR NO
2. Will there be an office in your home that will be used for the exchange or sale of goods and/or services from the confines of your dwelling? YES OR NO
3. Is there a rental unit (secondary, garden or garage suite) in your primary dwelling or on your site? YES OR NO
4. Will any goods stored be viewed from the street of adjoining properties?
If Yes, please provide a Site Plan indicating where goods will be stored on the property. YES OR NO
5. Will there be any structural, mechanical or electrical equipment used to carry on or support your business? YES OR NO
6. Will your office/business generate noise, vibration, smoke, dust, odor, heat or glare? YES OR NO
7. Will the business generate more vehicle or pedestrian traffic? YES OR NO
8. Besides your own personal vehicle, will there be vehicles/equipment utilized by the business? YES OR NO
9. Will there be clients, customers, students or animals coming into your home? YES OR NO
10. Will you hire staff other than those residing at this location? YES OR NO
11. Will you be erecting a sign for your office or business on your property? YES OR NO
12. Have you considered locating this Home Occupation to either a commercial or industrial zoned site? YES OR NO
13. Does the proposed occupation occupy greater than 15% of the homes floor space? YES OR NO
14. Have you attached owner authorization if you are not the sole property owner and/or you are a member of a Condo Association? YES OR NO
15. Do you have or have you applied for a City of Lloydminster Business License? YES OR NO
16. Do you reside (live) in the home? YES OR NO



Home Office/Occupation Questionnaire Application for Development Permit

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Part 2 – Clarification

1. In the space below please provide further clarification to any questions that were answered "YES" to on page 1

Part 3 - Business/Office Details

1. What is your business name? LLOYDMINSTER JANITORIAL SOLUTIONS
2. What type of business do you intend to operate? JANITORIAL / CLEANING SERVICES
3. What services are you providing and/or what is being sold from your home? JANITORIAL / CLEANING SERVICES
4. Are there any other offices or businesses operating at this address? Yes No
If yes, describe _____
5. What is the total floor area (including the basement area) in square feet is your home? _____
6. How much of the total floor area in square feet will be used for the office/business? _____
7. What are the dimensions of the rooms used for your home office/business? _____
8. What days of the week will your business operate? MONDAY - SUNDAY
9. Between what hours will your business operate? 6:00 P.M - 6:00 A.M
10. How many clients per week will be coming into your home? NONE
11. How many client vehicles can be accommodated on your property (not including street parking)? NONE

AUTHORIZATION:

I declare that to the best of my knowledge and ability, the information provided to be true and accurate

 Applicant Signature (Print) Date