

Home Office/Occupation Questionnaire Application for Development Permit

LLOYDMINSTER

Office Use Only

DP # 20-1467

Part 2 - Clarification

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

1. Home-based baker so I bake in my home in my kitchen.
2. I have a spare room in my home that I am using as an "office" where my computer and baking packaging is stored. I respond to emails + make post + my social media and manage my website from the computer in the office. Any other business related paper work is done from this space as well.

Part 3 - Business/Office Details

1. What is your business name? Sweetpea Sweet shop
2. What type of business do you intend to operate? Homebased Baking
3. What services are you providing and/or what is being sold from your home? Bakings
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? 2060 sf
6. How much of the total floor area in square feet will be used for the office/business? 200 sf
7. What are the dimensions of the rooms used for your home office/business? Kitchen = 9 x 10
Basement Office = 12 x 9
8. What days of the week will your business operate? Monday - Saturday
9. Between what hours will your business operate? 10am - 5pm weekdays / 11am - 3pm Sat
10. How many clients per week will be coming into your home? 1-5 per week - just to pick up. No extended stays.
11. How many client vehicles can be accommodated on your property (not including street parking)? 4
(we have a large double-wide driveway)

AUTHORIZATION:

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

[Redacted Signature]

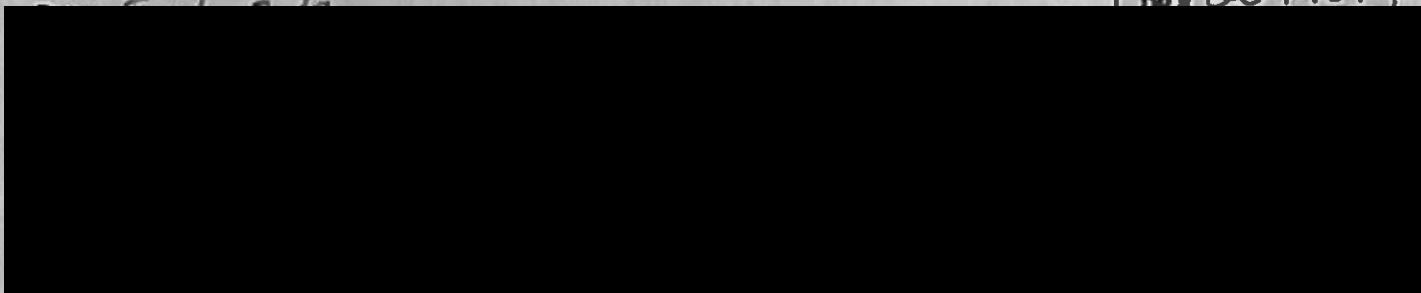
Sept 9/20
Date

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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

6623 52 Street, Lloydminster AB/SK T9V 3T8 | P: 780 874 3700 | www.lloydminster.ca
Email: permits@lloydminster.ca



OWNER AUTHORIZATION

LLOYDMINSTER

Office Use Only

DP # 20-1467

Date: Sept 9 / 20

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

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

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

BEING THE REGISTERED OWNER OF:

Legal Description: Lot(s) 75 Block 44 Plan 2232 ~~152-2332~~ Other _____

Municipal Address (if Applicable) 2505 57A Avenue Tax Roll: 221 755 92 000

Do hereby authorize [Redacted] to make an application for the above noted property.

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 Business License for homebased business

Period of Authorization:

Effective Date: (mm/dd/yyyy): Sept 9 / 20

Expiry Date: (mm/dd/yyyy): No Expiry Date - (Sept 9, 2120)
100 years

[Redacted] _____ Sept 9, 2020
Date

