



# Home Office/Occupation Questionnaire Application for Development Permit

▼  
**LLOYDMINSTER**

Office Use Only  
DP # 20-1474

Date: September 15, 2020

Applicant Name		
Affected Civic A		
Property Owner		

## 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  
*I will provide massage*
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  
*Massage therapy service*
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  
*1 client at a time*
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  
*in the future*
13. Does the proposed occupation occupy greater than 15% of the home's 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  
*I am the owner of the property*
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

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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? Tranquility Natural Health and Wellness
2. What type of business do you intend to operate? massage clinic
3. What services are you providing and/or what is being sold from your home? massage service
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? 1,046
6. How much of the total floor area in square feet will be used for the office/business? 165
7. What are the dimensions of the rooms used for your home office/business? 11' x 15'
8. What days of the week will your business operate? Mondays, Wednesdays, Fridays
9. Between what hours will your business operate? 9am to 7pm
10. How many clients per week will be coming into your home? 15
11. How many client vehicles can be accommodated on your property (not including street parking)? 2

### AUTHORIZATION:



I hereby certify that the information provided is true and accurate

September 15, 2020  
Date