



LLOYDMINSTER

Home Office/Occupation Questionnaire Application for Development Permit

Part 2 – Clarification

Office Use Only
DP # 20-1490

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

1. Child care will be provided at my home.
9. The kids, parents or guardians for drop-offs and pick-ups.
13. The basement, dining area and the backyard will be used.
16. I reside in this home since 2014.

Part 3 - Business/Office Details

1. What is your business name? Little Shining Star Day Home
2. What type of business do you intend to operate? Child Care
3. What services are you providing and/or what is being sold from your home? Provide child care 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? 946 SqFt.
6. How much of the total floor area in square feet will be used for the office/business? 36.783 SqFt.
7. What are the dimensions of the rooms used for your home office/business? 15x18
8. What days of the week will your business operate? Monday to Friday
9. Between what hours will your business operate? 7:30 am to 5:30 pm
10. How many clients per week will be coming into your home? 6 kids max
11. How many client vehicles can be accommodated on your property (not including street parking)? 3

AUTHORIZATION:

I authorize that the information provided in this questionnaire is true and correct to the best of my knowledge and belief.
 _____
 Date SEPTEMBER 29, 2020

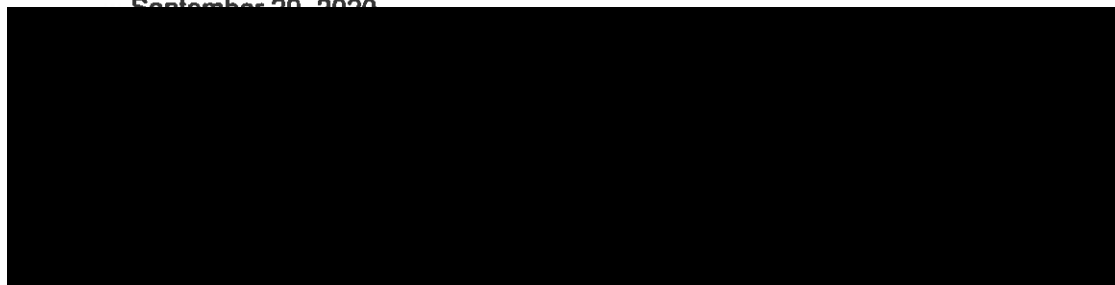


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September 29, 2020



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