

HOME-BASED BUSINESS COVER PAGE

DP Application #

25-5223

DP Permit #

20250594

Decision: ☐ Approved ☐ Refused Development Officer Reviewer:

Issued Date:

Tax Roll: 22135787000

Development Classification: ☐ Minor ☒ Major ☐ Limited Land Use District: LDR Low Density Residential

Applicant Name: (Contact Name and Company)

Applicant Address: 5201 - 31 Street, Lloydminster, AB T9V 1N8

Application Fee: 480.00

Method of Payment:

Receipt #

1056028

Project Address: 5201 - 31 Street

Legal Description:

Lot 13, Block 25, Plan 762-0126

Registered Landowner:

Description of Development: Home Based Business - Health Services

NOTES:

Need landowner approval - Emailed

100 Meters.

Aug 8 Rcvd ✓ Aug 12/25

Business Licence Application

BUSINESS CIVIC/OPERATING ADDRESS

Is your business incorporated? *

- ☒ No
☐ Yes

First Name *

[REDACTED]

Last Name *

[REDACTED]

Operating/Trade Name

The Counselling Corner

Operating Address: *

5201 31ST

City: *

Lloydminster

Province/State: *

AB

Postal Code: *

T9V 1N8

Email: *

[REDACTED]

Phone Number: *

[REDACTED]

Fax Number:

Is this address a residential property in Lloydminster? *

- ☒ Yes
☐ No

Does the business have multiple physical locations in the City of Lloydminster? *

- ☐ Yes
☒ No

BUSINESS MAILING ADDRESS

Is the mailing address the same as the physical address? *

- ☒ Yes
☐ No

OTHER INFORMATION

Business Start Date *

9/1/2025



How long has your company been in business (Years)? *

0

Number of Full Time Employees (including owner): *

0

Number of Part Time Employees: *

1

What is the square footage of the business? *

110

Does your building/place of business have any of the following fire protection or door access outlined below? Check those that apply.

- ☐ A fire alarm system whose control features, including those for emergency voice communication systems, that is located behind a locked panel
- ☐ A fire alarm system in which manually operated devices require a key or device in order to be reset
- ☒ A fire alarm system in which the electrical circuit breaker is located within a locked panel or room
- ☐ An automatic sprinkler system in which the main control valve is locked in the open position
- ☐ An automatic sprinkler system in which the main control valve is located within a locked room or enclosure
- ☐ Firefighting standpipe and water supply connections that are in a locked room or area
- ☐ A key operated elevator control feature that will permit exclusive use of elevators by firefighting personnel
- ☐ A key operated elevator control feature that will switch selected elevators to operate on emergency power
- ☐ Locked access doors to a roof provided for firefighting purposes

Business Licence Application

Development Permit Application

A Development Permit is required when the proposed use has never been approved or has expired at a specific address. All uses must comply with district regulations in Land Use Bylaw 5-2016 being the bylaw to regulate the use and enjoyment of the lands in the City.

Have you applied for a Development Permit? *

- ☐ Yes
☒ No

Business Activity/Description *



Personal Services

PROPERTY OWNERSHIP

Is the address previously provided your primary residence? *

- ☐ Yes
☒ No

You will require further evaluation with the Development Permit authority. Someone from the City of Lloydminster will contact you.

Are you the registered property owner or land owner? *

- ☐ Yes
☒ No

Do you have the property/land owner approval? *

- ☒ Yes
☐ No

Please upload Landowner approval document

Is the property part of condo association? *

- ☐ Yes
☒ No

Is the property/land owned by a corporation? *

- ☐ Yes
☒ No

Will the property be used for the exchange or sale of goods and services? *

- ☒ Yes
☐ No

Are there any other businesses operating at this address? *

- ☐ Yes
☒ No

Is there a secondary suite/rental unit on this property/land? *

- ☐ Yes
☒ No

Does the proposed business occupy greater than 15% of the home-floor space (including the basement)? *

- ☐ Yes
☒ No

GENERAL BUSINESS

What days of the week will your business operate? (Please select all that apply) *

- ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday
☒ Friday ☐ Saturday ☐ Sunday

Hours of Operation - Business Open Time *

08:00 AM



Hours of Operation - Business Close Time *

06:00 PM



How many clients/customers per week will be coming into your property? *

10

Since more than 7 Clients/Customers per week will be coming to your home, you will require further evaluation with the Development Permit authority. Someone from the City of Lloydminster will contact you.

Is this dwelling in a Cul de Sac? *

- ☐ Yes
☒ No

Will you be erecting a sign for your office or business on your property? *

- ☒ Yes
☐ No

Please describe intended signage *

The Counselling Corner on the gate of the fence.

Please complete the remainder of the form. A member of the City of Lloydminster will contact you regarding the approval process.

BUSINESS OPERATIONS

Will your business be storing materials on the property? *

- ☐ Yes
☐ No

Will you be using any large equipment or machinery to support your business beyond office/administrative? *

- ☐ Yes
☐ No

Besides your own personal vehicle, how many additional vehicles would be utilized by the business? *

0

Does this Business Support any of the following (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Dating or Escort Services |
| <input type="checkbox"/> Fleet Services | <input type="checkbox"/> Automotive Service or Repairs |
| <input type="checkbox"/> Industrial or Recreational Vehicle Sales, Rentals, storage, service, or repairs | <input type="checkbox"/> Any Industrial Use including salvaging, recycling, warehousing |
| <input type="checkbox"/> Use of Commercial Power Tools, machinery requiring any external venting, vacuums, blowers or exhaust ports | <input type="checkbox"/> Storage of hazardous, noxious or dangerous goods |
| <input type="checkbox"/> Animal breeding or overnight kenneling | <input type="checkbox"/> Radio Transmission equipment |
| <input type="checkbox"/> Sale, storage or service of firearms, fireworks or ammunition | <input type="checkbox"/> Cannabis production, distribution, sales, or lounge |

How many off street parking stalls are you providing? *

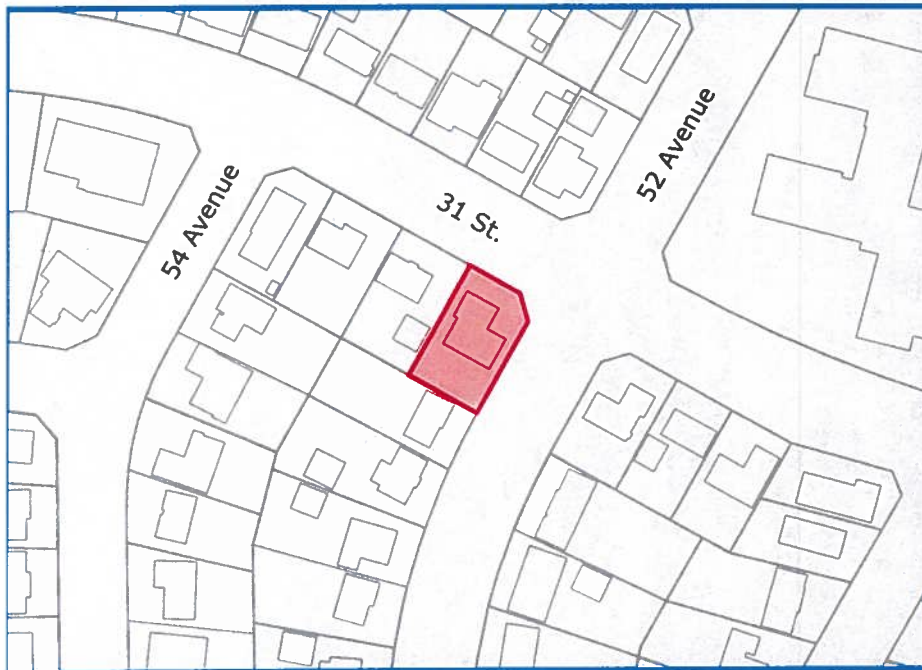
0

Proposed Discretionary Use

MUNICIPAL ADDRESS

5201 31 Street
Lloydminster, AB

Date: 09/05/2025
File No.: 25-5223



 Subject Lands
 Existing Building
 Legal Parcel



0 20 40
Metres

Tell Us What You Think

Please submit any comments, concerns, or support surrounding this proposed development in writing to Planning Services no later than **09/25/2025** to be considered prior to a decision being made.

When submitting please include the following:

Your full name,
Your Municipal Address,
Reasoning supporting or opposing the development,
Application number

Comments can be submitted by email to:
permits@lloydminster.ca

Or in person at:
City of Lloydminster Operations Centre
6623 52 Street
Lloydminster, AB, T9V 3T8

This notification is sent to all property owners within 100 m of the address listed to inform nearby residents that Planning Services has received an application for a **Discretionary Use** proposed at the indicated address.

Application Information

Proposed Use:

Home Based Business - Health Services

Type of Business: Therapy
Counselling

Proposed Days of Operation: Monday
through Friday

Proposed Hours of Operation:
8:00 AM - 6:00 PM

**Proposed Maximum
Number of Daily Clients:** 2

**Number of Off-Street
Parking Stalls Provided:** 2

**Number of employees
(not residing in the home):** 0

Proposed Sign On-Site: No

Applications are reviewed based on the provisions of **Land Use Bylaw 05-2025** along with any planning related concerns submitted.

For more information, contact Planning Services using the contact details below, or visit our website and search the listed application number or scan the QR Code.



lloydminster.ca/development