



ACCESSORY HOME OCCUPATION Details of Business

Proposed Business (Check Applicable Boxes/Fill Applicable Fields)

Describe Your Business: _____

Would the business have employee(s) working in this residence that do not live in your residence?

No Yes, if so how many?: _____

Type of House: Single Family Duplex Townhouse Apartment

Days of Operation: M T W Th F Sa Su

Between what hours of the day will your business operate?: _____
Community Standards Bylaw(C16-12): 7am - 10pm Weekdays & 9am- 10pm Saturday, Sunday & Stat.Holidays

Client or Customer Visits to Residence?

No Yes, if so how often? _____/day

Vehicle or Machinery Used for Business Operation? No Yes, if so list: _____

Stored Where?: _____

Delivery of Goods/Materials Used for Business Operation?

No Yes, if so describe type: _____

How often? _____/day _____/week _____/month

Which Days of the Week? All Weekdays Weekends

Where do you store your Goods, Materials or Tools Used for Business Operation?

Inside House Inside Garage Off-Site: _____

Describe type of Good, Materials or Tools: _____

Additional Comments: _____

