



HOME OCCUPATION/FARM SUBSIDIARY BUSINESS DEVELOPMENT PERMIT APPLICATION

CYPRESS COUNTY
816 - 2nd Avenue, Dunmore, AB T1B 0K3
www.cypress.ab.ca

For Administration Use
Application No.

NAME OF APPLICANT:			NAME OF REGISTERED LANDOWNER:		
MAILING ADDRESS:			MAILING ADDRESS:		
CITY/TOWN	PROV.	POSTAL CODE	CITY/TOWN	PROV.	POSTAL CODE
TELEPHONE: (res.)	(bus.)	(cell)	TELEPHONE: (res.)	(bus.)	(cell)
INTEREST OF APPLICANT IF NOT OWNER OF PROPERTY:					

Legal description of proposed development:

QTR/L/S	SEC.	TWP.	RG.	M.	REGISTERED PLAN NO.	BLOCK	LOT
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NUMBER OF: ACRES or HECTARES or LOT SIZE

ROLL #

Municipal Address:

SIGN REQUIRED: YES NO

Describe the existing developments of the land:

Land Use Classification:

The information below will assist the Development Authority in determining whether or not your proposed business will negatively impact your adjacent neighbours. Failure to accurately complete this information may result in the refusal of your application.

A. Please describe below the operation/business you are proposing (attach business plan if necessary):

PERMITTED USE

CLASS I DISCRETIONARY USE

CLASS II DISCRETIONARY USE

B. Are any new buildings/additions/structures required for your operation?

Yes Please provide a site plan of the proposed building required for your operation on the following page. Please ensure you include the following information on your site plan.

- Front, rear and side yard setbacks from the property line to the proposed structure(s).

- Setbacks to any existing buildings/structures

- Dimensions of the structure (Length and width)

- Accesses to property

- Any existing buildings/structures and/or physical features (trees, shelterbelts, canals, etc.)

- Any bordering roads/highways

No

C. Will you have any visible outside storage? (Lumber, machinery, vehicles, etc.)

Yes (Proceed to question D) No (Proceed to question E)

D. Please indicate what materials and/or equipment will be stored outside.

E. How many client(s) or customer(s) per day will be coming to your place of residence?

0 customers 1 - 5 customers 6 and over

F. Do you intend to have any delivery or trucking services drop off goods, material or products in association to your business?

Yes 1 - 2 times/week 3 - 5 times/week over 5 times/week

No

G. Do you intend to employ any offsite employees?

Yes 1 2 3 or more

No

H. Please indicate what type of vehicles you will be using for your business

Passenger car/van

Pick-up truck : 1/2 ton 3/4 ton 1 ton Other: _____

Bobcat

Other (Please Specify): _____

I. Will you have an advertising sign?

Yes Please provide a drawing with size, location etc.

No

