



TOWN OF

HIGH LEVEL

10511 – 103 Street
 High Level, AB
 T0H 1Z0
Ph: 780-926-2201
Fax: 780-926-2899
 development@highlevel.ca

Home Occupation Permit Application

OFFICIAL USE ONLY				
Development Permit #	Roll Number	Non-Refundable Fee	Date Received	Receipt Number
		\$		

Every Home Occupation will be reviewed annually and if, at any time, it is determined that the Home Occupation is not being conducted in accordance with regulations of the Land Use Bylaw, or as described in the application, the Home Occupation may be revoked. Any approval that may be granted is conditional upon the information provided being correct.

Applicant Information

Applicant Name	Business Name
Civic Address	Mailing Address (if different from Civic Address)
Address City/Town: Province: Postal Code:	Address City/Town: Province: Postal Code:
Applicant Phone Number(s)	Applicant Email
Business Number: Cellphone: Fax:	

Home Occupation Information

Legal Land Description:				
Lot		Block		Plan
Land Use Zoning				
<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4				
Describe the Home Occupation				



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What work will be done on the premises?			
Will there be any alteration to your home?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is yes, please explain:			
Hours of operation:			
Will there be clients coming to the home?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many?		How often?	
Number of parking spaces on your property?			
List the type of vehicle that will be used in the business:			
Will there be any storage of stock, materials, goods and equipment inside or outside of the home? Where will they be located?			
Do you have a Business License?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Business License Number:			

Applicant Declaration

I hereby certify that I have read and examined this application and know the information to be true and correct. I understand that the Development Authority will rely on this information in its evaluation of my application for a Home Occupation.

Signature of Applicant	Date



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Property Owners Consent

I declare under penalty that I am the owner of said property or have written authority from the property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misinterpretation of submitted data may invalidate approval of this application.

Signature of Property Owner	Date

OFFICIAL USE ONLY	
Date of Decision	Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Refused for the following reason(s)
Signature of Development Authority	Method of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Other _____

Personal information on this form is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be solely used for the stated purpose. If you have any questions about the collection, use, or disclosure of this information, please contact the Municipal Clerk at 780-821-4008.