

Additional Information for Home-Based Business Applications

Local Planning Policy No. 10 Schedule 1

Note: This form is to be completed in addition to the Application for Development Approval Form where a Home-Based Business is proposed

Applicant Details: (person who intends to hold the Home-Based Permit) Name: ______ Postal Address: Daytime Phone: Mobile: Email: Do you own or rent the premises in which you intend to operate the Home-Based Business? (*Please tick below*) Own Rent If you rent the premises, you will require the owner of the land to sign the Application for Development Approval form or provide written agreement to the application being considered prior to this application being lodged. _____ Date: _____ Signature: _____ Home-Based Business Details: Description of Business / Service to be provided: ______ Trading Name: _____ Days and hours of operation: No. employees that do not reside at premises: Floor Area of Business: Type of equipment or machinery to be use: ____ Yes Will there be client / customer visits to the property? No Frequency of client / customer visit: ______ No. of parking spaces on the property: ____ In Dwelling

Are you preparing or handing food? Yes No Are you providing a service that requires skin penetration? (E.g. waxing, piercing, tattooing) Yes No

Please attached the following:

Location of Business on property?

- A floor plan showing the location of the Home-Based Business within the premises.
- Any other information you wish the local government to take into account when considering the ٠ application.

In Outbuilding