

MAJOR MINOR

HOME OCCUPATION / HOME-BASED BUSINESS QUESTIONNAIRE		
1) Applicant's Name:		2) Business Name:
3) Do you own the property? Yes <input type="checkbox"/> No <input type="checkbox"/>	4) Do you live at this property? Yes <input type="checkbox"/> No <input type="checkbox"/>	5) Is the property located within a condominium complex? Yes <input type="checkbox"/> No <input type="checkbox"/>
6) Are there other Home Based Businesses at this property? Yes <input type="checkbox"/> No <input type="checkbox"/>		7) Is this Home Based Business an administration office only? Yes <input type="checkbox"/> No <input type="checkbox"/>
8) Provide a detailed description of what business activities are performed on site:		
9) Is the business presently operating? Yes <input type="checkbox"/> No <input type="checkbox"/>		9A) If Yes, when did the business commence operations?
10) Is there any outdoor storage on site? Yes <input type="checkbox"/> No <input type="checkbox"/>		10A) If Yes, what is being stored and where is it stored:
11) How much space (sq. ft.) is required to store equipment, materials, and/or goods? Indoor _____ sq. ft. Outdoor _____ sq. ft.		12) Will there be any sales of products/goods on the property? Yes <input type="checkbox"/> No <input type="checkbox"/>
13) Do you use a garage for storage (<i>other than strictly for vehicle storage</i>) or other purposes related to the business? Yes <input type="checkbox"/> No <input type="checkbox"/>		13A) If yes, what type of garage is on the property? Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/>
14) How many visits to the home at one time by: Clients _____ Couriers _____ Employees _____		15) How many visits to the home per week by: Clients _____ Couriers _____ Employees _____ *
16) How many client, courier and employee vehicles at one time? _____		17) How many employees who do not live at the property work on site? _____ *
18) How many vehicles are registered to this property? _____		19) How many vehicles associated with this business are kept at this property? _____
20) How many driveway parking spaces are there? _____ (do not include street parking)		
21) Do you have any vehicles over 5,500 kg associated with this business? Yes <input type="checkbox"/> No <input type="checkbox"/>		21A) If Yes, how many vehicles and where are they stored?
22) Do you have any trailers and/or equipment (i.e., bobcats) associated with this business? Yes <input type="checkbox"/> No <input type="checkbox"/> *		22A) If Yes, what is the length? _____ ft.
23) Do you wish to erect a sign? Yes <input type="checkbox"/> No <input type="checkbox"/>		23A) If Yes, what is the size and location of the sign?