



# APPLICATION TO CARRY ON A HOME OCCUPATION

Please tick whichever is applicable:

**New Application**

**Renewal**

## PROPERTY DETAILS

Lot No.	Street No.	Street Name	Suburb

## APPLICANT DETAILS *(only complete this section if different from owner)*

Business Name	_____
Contact Name	_____
Phone	_____
Email Address	_____
Signature	_____ Date _____

## PROPERTY OWNER DETAILS

Name	_____
Address	_____
Phone	_____
Email Address	_____
Signature	_____ Date _____

*Note B: The signature of the landowner(s) is required for Planning Approval. In the event of the landowner and applicant not being the same person(s), staff liaison will only occur with the applicant as the lawful agent, and not the owner. It is the responsibility of the owner to check the accuracy of the information on this application form before signing it.*

## NATURE OF PROPOSED HOME OCCUPATION

Location of Business in Relation to Dwelling	<input type="checkbox"/> Within Dwelling <input type="checkbox"/> Within Outbuilding	<input type="checkbox"/> Outside Dwelling/Outbuilding (please attach a site plan)
Nature & Details of Business		
Particulars of Persons to be Employed		
Number of Vehicles that could be Parked on Site		
Frequency of Delivery and Collection of Goods		
Proposed Hours of Operation		



Town Planning Scheme No 3

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**Will the Proposed Business Require any of the following (if yes, please provide details):**

	Yes	No	Details
The business being mobile	<input type="checkbox"/>	<input type="checkbox"/>	
Clients or customers to frequently visiting the premises	<input type="checkbox"/>	<input type="checkbox"/>	
Any Signage	<input type="checkbox"/>	<input type="checkbox"/>	
Any alteration to the appearance of the dwelling	<input type="checkbox"/>	<input type="checkbox"/>	
The sales or repair of any products	<input type="checkbox"/>	<input type="checkbox"/>	
The use of a Commercial Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	
The creation of additional noise or use of power tools	<input type="checkbox"/>	<input type="checkbox"/>	

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