

HOME OCCUPATION/BUSINESS AND RURAL HOME BUSINESS DETAILS FORM

For an explanation of the different 'Home Uses' please refer to Information Sheet 'Home Office/Occupation/Business and Rural Business' on the City's website.

This form is required to be completed and accompany an Application for Development Approval for Home Occupation/Business and Rural Home Business.

Home Occupation/Business Details

Please tick which is applicable: Home Occupation Home Business Rural Home Business

Proposed Business is:

Located in (eg. study, kitchen, garage, shed etc):

The occupied area is: _____ m² (NB: Maximum area of 20m² for Home Occupation, 50m² for Home Business and 200m² for Rural Home Business may be permissible for these Uses as defined in the Town Planning Scheme No. 4)

Will a commercial vehicle be used? Yes No

(A commercial vehicle to be kept on the premises will require a **separate application** for commercial vehicle parking or may not be permitted in some areas).

Is an advertising sign required? Yes No

If yes, please provide details (i.e. artwork and dimensions) and indicate location of sign on site plan.

Please list all of the equipment, stock or goods to be used for the Home Occupation/Business and their storage location on the property: (i.e. Tools, machines, appliances, equipment, apparatus etc. to be used on the subject property)

Does the proposal entail any of the following:

Food / drinks preparation for sale and / or consumption by others Yes No

Hairdressing / waxing / acupuncture / electrolysis / manicures / pedicures / other skin penetration procedures Yes No

If yes please contact the City's Health Services on 9394 5000 **prior** to submitting your application as there may be additional information required. Failure to do so may result in delays in processing your application.

Have you contacted Health Services to discuss your application prior to lodgement? Yes No Not Applicable

Operating Information

Number of Employees which are:	Occupiers of the dwelling:			Outside of the Dwelling:		
Days of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times of Operation						

Expected No. of clients attending per operating day:

Applicant Declaration

I acknowledge and accept that a Retrospective Fee will apply if the proposed Home Occupation/Business/Rural Home Business has commenced prior to approval being granted.

I declare and acknowledge the information provided above is accurate and complete. I also acknowledge and accept that when lodging this checklist and details form, that the City may advertise, display, copy and/or reproduce any supporting plans and documentation submitted as part of this application:

Applicant Name: _____

Signature:

Date: