



HOME OCCUPATION DEVELOPMENT PERMIT APPLICATION

Planning and Development
414 King Street, Spruce Grove, AB
Phone: 780-962-7582
Fax: 780-962-1062

Business Hours
M-F: 8:30 a.m. – 4:30 p.m.

LOCATION – REQUIRED

Suite:	Street Address:	Street Name:
Legal Description: Unit / Lot / Block / Plan or Quarter / Section / Township / Range / Meridian		
/ / / /		

****If this is for a Family Day Home, Please use the DEVELOPMENT PERMIT Application Form****

BUSINESS DESCRIPTION - REQUIRED

HOME OCCUPATION – REQUIRED BUILDING PERMIT REQUIRED: YES NO CONFIRMED BY: _____

Are room alterations involved: Yes No Number of Rooms: _____ Room Description: _____
(list all rooms)

Detail of Alterations: _____

Detail of materials, equipment and/or vehicles that will be used and where they will be stored – REQUIRED

Equipment: _____	Storage Location: _____
Vehicle(s)/Utility Trailer(s): _____	Storage Location: _____
Material(s): _____	Storage Location: _____

Detail of Operation – REQUIRED

Number of resident employees: _____ (employees that reside in the home)	Number of non-resident employees: _____ (employees not residing in the home)
Number of daily visits: _____	Number of onsite parking stalls: _____
Hours of operation: _____	Number of household vehicles: _____

Mailing Address
315 Jespersen Ave
Spruce Grove, AB T7X 3E8

This information is being collected under the authority of section 33(c) the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to administer a home occupation development permit. The personal information provided will be protected in accordance with Part 2 of the Act. If you have any questions regarding the collection, use and disclosure of personal information, please contact the FOIP Coordinator at 780-962-2611.



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OWNER INFORMATION - REQUIRED

If you do not own the dwelling in which you live, please have the owner fill out the following information or provide a letter of approval from the owner (or condominium association).

Owner Name:	Phone no.:	Fax no:
Mailing address:	City:	Province:
		Postal Code:
		Email Address:
Owner's Signature:		Date:

APPLICANT INFORMATION – REQUIRED

Applicant Name:	Phone no.:	Fax no.:
Mailing address:	City:	Province:
		Postal Code:
		Email Address:
Applicant's signature:		Date:

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