

## Home Occupation Questionnaire

This form is to be used in addition to the 'Application for Planning Approval' form to apply for a Home Occupation approval.

|                  |  |
|------------------|--|
| Name             |  |
| Company Name     |  |
| Property Address |  |
| Type of business |  |
| Contact Number   |  |

|                                 |
|---------------------------------|
| Proposed Home Occupation:       |
| Description of Home Occupation: |
|                                 |
|                                 |
|                                 |

### Details of Home Occupation Yes/No

| No | Description  | Yes | No |
|----|--|-----|----|
| 1  | Do you live at the above address?  |     |    |
| 2  | Do you live at the above address? If no you require written approval from the owner                                      |     |    |
| 3  | Is a layout plan of the site and dwelling attached   |     |    |
|    | <b>Does Your Business:</b>   |     |    |
| 4  | Entail more than one customer or client on the premises at any one time?   |     |    |
| 5  | Entail more than 4 customers per day visiting you premises?  |     |    |
| 6  | Provide parking for customers? If Yes Number of Bays:-   |     |    |
| 7  | Operate between the hours 7.00am to 7.00pm Monday to Friday (including public holidays)?                                 |     |    |
| 8  | If "No" Provide details of operating hours:  |     |    |
| 9  | Involve the service or repair of any motor vehicle or other engine?  |     |    |
| 10 | Involve the storage or use of chemicals, gases or hazardous materials?   |     |    |
| 11 | Require the use or impose a load on any public utility greater than that ordinarily required for a residential dwelling? |     |    |
| 12 | Entail the outdoor storage of materials?<br>If yes, provide details:   |     |    |
|    |  |     |    |
|    |  |     |    |
| 13 | Involve the penetration of skin (e.g. body piercing, tattooing or electrolysis)?   |     |    |
| 14 | Involve the storage, preparation handling or packing of food?  |     |    |
| 15 | Require modification to the dwelling?<br><i>If yes, attached sketch and / or details of modifications required</i>       |     |    |
| 16 | Entail the employment of any person not permanently resident within the dwelling?<br>If yes, number of employees:-       |     |    |
| 17 | Occupy an area 30 sqm or less? If no, provide details on area of business  |     |    |
|    |  |     |    |
| 18 | Require an advertising sign?<br>If yes, attach a sketch detailing size, location, content, colours etc                   |     |    |