



Town of Stavely
Box 249 Stavely, AB T0L 1Z0
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www.stavely.ca

Application for Home Occupation Permit

Application No. _____

Applicant: _____

Address: _____ Telephone No. _____

Registered owner of land: _____

Legal Description: _____

Existing Use: _____

Proposed use being applied for: _____

Name of Business: _____

Has a business license been applied for ? Yes No

Proposed hours of operation: _____ to _____

Proposed days of week of operation (i.e. Mon-Fri, Sat, Sun): _____

Noise generated: Yes No

Storage of goods on property: Yes No

Off-street parking available: Yes No No. Of Spaces

Additional vehicles required: Yes No

Anticipated increase in vehicular traffic: Yes No

Odours or noxious effluents: Yes No

Applicants submission: Please state your reasons for applying for this Home occupation

Registered owner or person acting on behalf of:

I certify that I am the registered owner or that the registered owner(s) of the land described above is aware of this application

Date: _____

Signed: _____