

**Lac La Ronge Planning Area
Form C
Home Occupation / Bed and Breakfast Permit Application**

Part A - Applicant Information

Applicant Name:

Titled Owner Name:

Email:

Phone:

Cell:

Legal Address:

Civic Address:

Part B - Project Information

Is the application for renewal of an existing home based business or bed and breakfast home with no changes?

Yes, complete **Part F**

No, complete **Part C and Part E** (Home Based Business)

or

complete **Part D and Part E** (Bed and Breakfast Home)

Part C – Home Based Business

Existing Use of Land or Building:

Name and Description of the Home Based Business:

Does the Home Based Business include retail sales of goods or items? No Yes

Will goods or materials be stored on the premises? No Yes

Home Based Business will be conducted out of: Principal building Accessory building

Number and type of vehicles to be used:

Part D – Bed and Breakfast Home

Name of Business:

Site Plan Attached Includes: Building floor plan Off street parking

Facility will be conducted out of: Principal building Accessory building

Part E – Operation Information

Total floor area of buildings(s) in proposed operation:

Floor area of building(s) to be used in operation:

Number of employees:

Full-time _____ Part-time _____

Number of employees employed on premises:

Full-time _____ Part-time _____

Hours of Operations:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Signage or exterior advertising:

Indicate any special equipment used in the operation, if any:

Other information which may help in review of your application:

Part F – Declaration of the Applicant

The undersigned hereby makes application for a Home Based Business or Bed and Breakfast Home as described in this application. I have read the definition of “Home Based Business” or “Bed and Breakfast Home” and have read the provisions in Section 3.16 and 3.17 in Zoning Bylaw. I am aware that any permitted approved and issued is subject to revocation at any time for default of any condition and that the permit expires on December 31st of the year issued.

Signature:

Date:

Municipal Use Only

Application Number:

Date Received:

Permit Fee:

Zoning Designation:

Off Street Parking
(# of spaces required):

Use is:

Permitted Discretionary Temporary Not Allowed

Meets all provisions of the Official Community Plan and Zoning Bylaw:

No Yes

If no, explain:

District Approval: No Yes

Motion #

Expiry Date:

Inspectors Approval: No Yes

Building Inspector:

Roll Number:

Conditions: