



Grand Falls-Windsor
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ECONOMIC DEVELOPMENT DEPARTMENT

Town Hall, Second Floor
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BUSINESS APPLICATION FORM

Home Based Business

1. CONTACT INFORMATION (To be completed by Applicant)

Business Name: _____ Applicant (s) Name: _____
Business Address: _____ Mailing Address: _____
Postal Code: _____ Postal Code: _____
Business Telephone: _____ Telephone: Home: _____
Cell: _____
Fax: _____ Fax: _____
E-mail: _____ E-mail: _____

2. APPLICATION INFORMATION (To be completed by the Applicant)

Location of property: _____
Property owner (if different from applicant): _____
Description of Home Based Business: **(For businesses listed as a Discretionary Use refer to Section B on reverse)**

Days and hours of business operations: _____

Square footage area of house _____ Square footage area of Home Based Business _____

**Refer to Regulation 14.0 - Home Based Businesses, Section 14.5 – General Regulations
Town of Grand Falls-Windsor Development Regulations (2012-2022).**

3. BUSINESS DESCRIPTION (To be completed by Applicant)

(Attach any additional materials, maps, correspondence, surveys, plans, etc.)

a.) Number of On-Site Parking Spaces: _____ b.) Number of Employees: Residents _____ Non-residents _____
c.) Proposed Start-up Date: _____ d.) Form of Business: _____ Limited _____ Partnership _____ Proprietorship
e.) Do you propose to store goods/equipment on site? No _____ Yes _____ If yes, please indicate location & size of storage area

Will people come to your home regarding business? No _____ Yes _____ If yes, _____ visits per day.

Is signage proposed for the Home Based Business? No _____ Yes _____ **If yes, Refer to Regulation 14.7 of the Development Regulations (2012-2022) and obtain a Signage Permit from the Engineering Department.**

Will you be requiring any renovations to your current residence to accommodate this business? _____ Yes _____ No

If Yes, please indicate what renovations and supply copy of floor plan. _____

Home Based Business Application (HBB) Checklist

SECTION A

- Contact Barry Porter (709-256-1436) or barryporter@gov.nl.ca for Service NL requirements.
- Complete and submit, if required, necessary Service NL forms and plans to Barry Porter, Service NL.
- Complete the Home Based Business Permit Application Form (reverse side).
- Floor Plan, if necessary, of proposed business space indicating size of space and any other relevant information.
- Submit Home Based Business Application Form and Floor Plan (if required) to the Cashier's Office, Town Hall, along with Administration fee of \$25.
- Refer to Regulation 14.0 - Home Based Businesses - in the Town of Grand Falls-Windsor Development Regulations (2012-2022).

SECTION B

For proposed Home Based businesses that is listed as a discretionary use:

If the business is listed as a Discretionary Use according to the Use Zone, public notification with a minimum of 7 days for response and Council's discretionary decision will be required. The discretionary use process is approximately 4 to 6 weeks.

- Discretionary Use Process fee of \$150 to be made payable to the Cashier's Office, Town Hall.
(Transcontinental advertising fee charged to the Town.)
- Contact Engineering Department for assistance in the Discretionary Use Process.

I have read the checklist and have completed all of the above mentioned tasks.

Applicants Signature: **X** _____ Date: _____

I hereby submit this application and confirm that the information supplied is complete and correct. I agree to comply with all Municipal Regulations and By-laws, the latest edition of the National Building Code, ancillary codes, and agree to build in accordance with the plans approved by the Town of Grand Falls-Windsor; and will not commence building/operation without applicable written approval and permits from the Town.

NOTE: Where the Applicant and the Property Owner are not the same, the signature of the Property Owner is required before the application can be accepted for processing.

Applicant Signature/ or Owner's Signature: **X** _____ Date: _____

Engineering Department Use:

Zoning: _____ Type of Business: _____ Checked By: _____ Date: _____
Permit Granted: _____ Permit Refused: _____
Variance: _____ Discretionary Use: _____
Comments: _____

Staff Signature: _____ Date: _____