



Grand Falls-Windsor  
| perfectly centered |

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Permit #:	
Date Received:	
Permit Fee:	

## Application for Home-Based Business Permit

### 1. CONTACT INFORMATION (To be completed by Applicant)

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

Property owner (if different from applicant): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 2. BUSINESS INFORMATION (To be completed by the Applicant)

Description of Home Based Business: *(ex. what kind of business, equipment being used, if any, etc.)*  
*(For businesses that are deemed a Discretionary Use refer to the Home Based Business Guide, page 1)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Days and hours of business operations: \_\_\_\_\_ Square footage area of house \_\_\_\_\_ Square footage area of Home Based Business \_\_\_\_\_ Will an accessory building be used for the HBB, if yes, please indicate size of building. \_\_\_\_\_ sq. feet ***(Refer to "Operating a Home-Based Business in Grand Falls-Windsor, page 8, 14.5 General Regulations)***

### 3. BUSINESS DESCRIPTION (To be completed by Applicant)

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

Number of On-Site Parking Spaces: \_\_\_\_\_ Proposed Start-up Date: \_\_\_\_\_

Do you propose to store goods/equipment on site? No \_\_\_ Yes \_\_\_ If yes, 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, Signage Permit required ***(Refer to "Operating a Home-Based Business in Grand Falls-Windsor, page 9, 14.7 Signage For Home-Based Business & page 11 for Application for Sign Permit)***

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

- Home Based Business Application Form completed in full
- Applicants Signature & Date
- Owner's Signature & Date (if required)
- Floor Plan (if required)
- Licenses/s or approvals (if required) from agencies having jurisdiction or authority ex. Food safety, child care
- Administration fee of \$25
- Discretionary Use fee of \$100 (payable if required). Applicant will be notified during review if required.  
*(The discretionary use process is approximately 4 to 6 weeks)*

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.

Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**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.**

Owner's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**This Section for Public Works & Development Use:**

Permit No. \_\_\_\_\_ Zoning: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Permit Granted: \_\_\_\_\_ Permit Refused: \_\_\_\_\_ Variance: \_\_\_\_\_ Discretionary Use: \_\_\_\_\_

Service NL Review Required: No \_\_\_ Yes \_\_\_ If Yes, Date Received: \_\_\_\_\_

Other Approvals Required: No \_\_\_ Yes \_\_\_ If Yes, Date Received: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_