



Grand Falls-Windsor
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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 \$25
Discretionary Use fee of \$150 (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: _____