|  |  |  |
| --- | --- | --- |
| **Home business**  **details:** | Property address where proposed to operate from (in full):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Description of Home Business (attach separate sheet if necessary):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Will **all** those operating/employed for the home business reside at the property where it will operate from?  **YES / NO**  (Please circle/ delete what is **not** applicable)  If not, how many of those operating/employed for the home business reside elsewhere?  Will the home business attract deliveries of goods and/or equipment to the property?  **YES / NO**  (Please circle/ delete what is **not** applicable)  If so, please provide details including the anticipated frequency, times of day, location of access, delivery vehicle type etc. (attach separate sheet if necessary).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Will customers visit the property?  **YES / NO**  (Please circle/ delete what is **not** applicable)  If so, will customers/clients visit the property by prior appointment only?  **YES / NO**  (Please circle/ delete what is **not** applicable)  Please provide 2 copies of a site plan drawn to a scale of 1:100 or 1:200 showing the location of a dedicated car parking bay(s) for customers/clients on the property. | |
| **Intended days and hours of operation** | Mondays: between \_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tuesdays: between \_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Wednesdays: between \_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Thursdays: between \_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fridays: between \_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Saturdays: between \_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sundays: between \_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Public Holidays? (Please circle/ delete what is **not** applicable) **YES** / **NO** | |
| **Will the home business involve consideration under the Health Act/Regulations?**  (E.g. does it involve food, treatments and/or animals, and/or cause the emission of noise and/or odour?) | (Please circle/ delete what is **not** applicable)    **YES** / **NO** If so, please specify (attach separate sheet if necessary):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, please liaise with the City’s Environmental Health section prior to lodging the application (tel: 9273 3500) with regard to the Health requirements. | |
| **Location of the home business on the property?** | (Please tick)  Within residence – Approximate area \_\_\_\_\_\_\_ sqm  Within an outbuilding – Approximate area \_\_\_\_\_\_\_ sqm  Please highlight on 2 copies of a site plan and floor plan drawn to a scale of 1:100 or 1:200. | |
| **How will the home business be advertised?** | (Please tick)  Signage - if so, please complete a Proposed Signage Details Form)  Online - if a website exists please confirm the site’s address.  Website address: www.  Other, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Landowner’s details** | Name(s): | Name(s): |
| Signature(s): | Signature(s): |
| Date: | Date: |
| **Note: This form is required to be provided in addition to a completed Development Application Form 1.**  **If you have any queries please contact the City’s Statutory Planning Department on 9273 3500 or make an enquiry through the online portal of the City’s website.** | | |