

All forms and supporting documents (listed below) must be submitted at time of application.

- Development Permit Application Form (Attached)
 - Development Permit Questionnaire (Attached)
 - Business License Application (Attached)
 - Consent Form (Attached) (only required if applicant is not home owner)
 - Provide a Drawing of Floor Plan (only required if applying for major home based business)
 - Location where business will be conducted inside of home
 - If business is in basement, entire basement floor plan must be provided & identify the area used for business
 - The space design (furniture placement), doors, windows, walls, etc
 - Any required new plumbing, gas or electrical fixtures (permits may be required)
 - Prove a site plan showing off-street parking for clients/customers
 - If applicable, provide on your floor plan any stored products, method of storage and disposal (along with list of materials)
 - Fees (See Fee Schedule)
MUST BE PAID AT TIME OF APPLICATION (cheques payable to City of Beaumont)
-

Major vs Minor Home Based Business:

- Major:**
 - Up to 10 clients per day are permitted
 - May include a day home
 - 1 non-illuminated sign shall be permitted;
 - May include outdoor activities that do not cause a nuisance for adjacent lots, in the opinion of the Development Authority
 - Minor:**
 - No client visits are permitted
 - The residential character of the building shall not be affected
 - Shall be contained within a building
 - No signs are permitted
 - No accessory structures can be utilized for the purpose of the use
-

Questions regarding building portion of application, if applicable:
buildinginspection@beaumont.ab.ca | 780-929-1350

Planning & Development
 5600 - 49 Street
 Beaumont, AB T4X 1A1
 780-929-8782
 development@beaumont.ab.ca

DATE RECEIVED
OFFICE USE ONLY

DATE PAID
OFFICE USE ONLY

Note: You may apply for a Building Permit and/or a Development Permit with this one combo application. Electrical, Plumbing, and Gas Permits each have their own application forms.

Property Information		
Street Address: _____		
Plan: _____	Block: _____	Lot: _____

Applicant and Property Owner Information	
Applicant/Contractor Name: _____	
Mailing Address: _____	
Town: _____	Postal Code: _____
Phone: _____	Cell Phone: _____
Email (required): _____	
Is the Applicant also the Registered Owner? <input type="checkbox"/> Yes (Do not fill out below) <input type="checkbox"/> No <i>(Fill out below - written authorization from registered owner required)</i>	
Owner Name: _____	
Mailing Address: _____	
Town: _____	Postal Code: _____
Phone: _____	Cell Phone: _____
Email (required): _____	

Proposed Development	
Construction Value:	\$
<i>(Approximate cost of material & labour)</i>	
I am applying for a: <input type="checkbox"/> Development Permit AND/OR <input type="checkbox"/> Building Permit	
Check one of the following:	
<input type="checkbox"/> Uncovered Deck	<input type="checkbox"/> Hot Tub
<input type="checkbox"/> Covered Deck	<input type="checkbox"/> Basement Development ^{SO FT}
<input type="checkbox"/> Fire Pit**	<input type="checkbox"/> Corner Lot Fence**
<input type="checkbox"/> Home Based Business***	<input type="checkbox"/> Major <input type="checkbox"/> Minor
<input type="checkbox"/> Accessory Building (Other than Garage)	<input type="checkbox"/> Accessory Building (Detached Garage)
<input type="checkbox"/> Additional Dwelling Unit	Number of Bedrooms in Dwelling: _____
<input type="checkbox"/> Other:	_____
Has work on the above indicated item already commenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	

* No Development Permit required ** No Building Permit required ***Business License also required, Building Permit may be required

OFFICE USE ONLY	
Permit Number: _____	
Mail <input type="checkbox"/> Pick-up <input type="checkbox"/>	
<input type="checkbox"/> Authorization or ID Received	
Land Use District: _____	
Tax Roll: _____	
<input type="checkbox"/> Permitted Use	
<input type="checkbox"/> Permitted Use w/ Variance	
<input type="checkbox"/> Discretionary Use	
Fees	Receipt #:
Development Permit: _____	
Building Permit: _____	
Safety Code Council: _____	
Electrical Permit: _____	
SCC Electrical: _____	
Plumbing Permit: _____	
SCC Plumbing: _____	
Gas Permit: _____	
SCC Gas: _____	
Business License: _____	
Variance: _____	
Notification Fee: _____	
GST: _____	
Other: _____	
Total Fees:	

Applicant Authorization	
1. I am the owner/agent with the consent and authority of the owner that is the subject matter of this permit application. 2. I hereby give my consent to allow any authorized person pursuant to the Municipal Government Act Section 542 the right to enter the land and/or building(s) with respect to this application only. 3. I understand this is only an application and does not constitute approval to commence construction. 4. I declare that the information contained in this application is correct and true to the best of my knowledge. 5. I declare that I will notify the Development Authority of any proposed changes to the plans submitted with this application. 6. I consent to receiving notifications & correspondence regarding this application via email to the address provided on this application.	
Applicant Signature: _____	Date: _____

OFFICE USE ONLY	
Development Permit	
Date Deemed Complete: _____	Date of Decision: _____ <small>(See attached Notice of Decision)</small>
Building Permit	
<i>See Attached Report</i>	
Safety Codes Officer: _____ Designation No. _____ Date: _____	

DEVELOPMENT PERMIT QUESTIONNAIRE

Accessory Use - Home Occupation Business Activities

Permit # _____

BUSINESS TYPE

1) Describe the nature of business / services of your proposed home occupation.

2) Are you taking over an existing business? NO YES

3) Are there other businesses currently operating at this address? NO YES

4) Have you started operating this business? NO YES

5) Is there an additional dwelling unit (basement, garage or garden suite) at this location? NO YES

6) How many resident employees of your business or occupation will be on the site? _____

7) How many non-resident employees of your business or occupation will be on the site? _____

8) Determining if this is an Office & Telephone only:

a) Do clients or customers visit the residence? NO YES

b) Do you receive, construct, prepare or design products for sale on site? NO YES

c) Do you store materials related to business operations on site? NO YES

d) Do you park or store vehicles / trailers / machinery related to business operations on site? NO YES

e) Do you sell products / materials / services on site? NO YES

9) If this business is **NOT** for administration purposes only (office & telephone):

a) What will your days and/or hours of operation be? _____

b) For retail/personal services, will sales & service be provided by appointment only? NO YES

i) How many customers will be in attendance per appointment? _____ N/A

c) For an instruction program, will classes be provided by appointment only? NO YES

i) How many will be in attendance on the site at any given time? _____ N/A

d) Describe any products or materials that will be sold on site _____ N/A

BUSINESS SPACE

10) If this business is **NOT** for administration purposes only (office & telephone):

a) Please provide a drawing / **floor plan** showing the following. ATTACHED

i) The location where business will be conducted inside the home - ie. if the business is in the basement, the floor plan shall show the entire basement and identify the portion to be used for your business.

ii) The space design (furniture placement), doors, windows, walls, any required new plumbing, gas or electrical fixtures, and

b) Please provide a **site plan** showing off-street parking for clients/customers. ATTACHED

11) Will you be doing any development / alterations to accommodate the business? NO YES

a) Yes, a building permit will be required. Electrical, plumbing, gas permits may be required.

12) Are you providing personal hygiene services or food services? NO YES

a) Yes, additional electrical, plumbing and /or gas permits may be required.

b) Yes, contact Leduc Public Health Centre.

STORAGE OF MATERIALS N/A

13) Are goods or materials used in connection with your business delivered to your residence? NO YES

a) Yes, please indicate what kinds of materials are delivered. _____

b) How often and during what hours are materials delivered? _____

14) Will onsite storage of materials or products be required for your business and/or services? NO YES

a) Yes, please include on your **floor plan** and **site plans** the following;

i) a listing of all products and materials associated with the business that will be stored on site,

ii) the location of these products and materials,

iii) method of Storage (ie. open, containerized, or sealed packaging), and

iv) method of Disposal

VEHICLES & EQUIPMENT - BUSINESS USE and / or TAXI SERVICE N/A

15) How many vehicles associated with this business are kept at this property? _____ N/A

16) How many vehicles not associated with this business are kept at this property? _____

17) How many driveway parking spaces are there? _____

18) Do you have any vehicles over 5500 kg and over 7 m in length associated with this business? NO YES

a) *If yes, how many vehicles? _____ Where will they stored? _____

note: if answer is yes, advise it cannot be stored on site in Beaumont

19) Do you have any trailers and/or equipment (i.e. bobcats) associated with this business? NO YES

a) If yes, what is the length? _____

b) *Where will it be stored? _____ *advise it must be stored inside only (not on street or driveway pad)*

20) Will you be utilizing mechanical or electrical equipment that creates external noise? NO YES

VEHICLE DETAILING N/A

21) Will vehicles to be detailed, washed, vacuumed, etc. be located at your residence? NO YES

a) Yes, please attach a **site plan** providing the following: ATTACHED

i) Number of driveway parking spaces.

ii) Where customer vehicles will be parked before, during and after detailing.

iii) Where vehicles not associated with this business will be parked.

b) How many vehicles "for detailing" will be kept at your residence at any given time? _____

VEHICLE SALES

N/A

22) Will vehicles to be sold in connection with your business be located at your residence? NO YES

a) Yes, please attach an AMVIC permit/license. ATTACHED

b) Yes, please attach a **site plan** providing the following: ATTACHED

i) Number of driveway parking spaces.

ii) Where vehicles not associated with this business will be parked.

c) Do you plan on storing "for sale" vehicles at your residence at any given time? NO YES

23) Do you plan on repairing these vehicles before selling? NO YES

a) Yes, and you already possess an *automotive business license*, contact the Alberta Motor Vehicle Council at 1-877-979-8100 about dual licensing regulations.

VEHICLE REPAIRS

N/A

24) Will vehicles repaired in connection with your business be located at your residence? NO YES

a) If you answered yes,

i) An AMVIC permit/license must be attached. ATTACHED

b) If you answered yes, please attach a site plan providing the following: ATTACHED

i) Number of driveway parking spaces.

ii) Where vehicle repairs will take place.

iii) Where customer vehicles will be parked before after repairs.

c) How many vehicles "for repair" will be kept at your residence at any given time? _____

25) Do you plan on selling these vehicles you have repaired? NO YES

a) Yes, and you already possess an *automotive repair license*, contact the Alberta Motor Vehicle Council at 1-877-979-8100 about dual licensing regulations.

OTHER NOTES

The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used for the purpose of permit review and inspection processes and may be communicated to relevant City Business Units, utility providers, and Alberta Health Services. It may also be used to conduct ongoing evaluations of services received from City Business Units. The name of the applicant and the nature of the permit will be available to the public. If you have any questions about the collection or use of your personal information, contact the City of Beaumont's FOIP Coordinator at 5600-49th Street, Beaumont, Alberta, T4X 1A1 or 780.929.8782.

We are excited to welcome you to our Business Community!

Choose one:

- New
- Renewal
- Cancel

Choose one:

- Resident
- Non-Resident

Choose one:

- Home Occupation
- Commercial Store Front
- Out of Town Business
- Contractor - General
- Contractor - New Home Builder
- Tender
- Other: _____

Choose one if applicable:

- Change of Address/Other Information
- Business Name Change
- Transfer of Ownership

Business Information			
Operating Business Name:		Business License #:	
Legal Business Name:			
Business Phone:		Alternate Phone:	
Website:		Business E-mail:	
Industry Type:		Date Business Started:	
Business Address:		City:	Province: Postal Code:
Mailing Address:		City:	Province: Postal Code:
Do you possess/store/maintain hazardous goods and/or controlled products? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, please attach the site plan showing storage location(s) and list of hazardous goods.			
Operating Information			
<i>Information in this section will be used to notify your business for available programs/grants and support.</i>			
Describe Business Activities (explain how the business will operate and list services provided):			
Are there other businesses currently operating at this address? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Commercial Store Fronts ONLY: For your Grand Opening, would you like a ribbon cutting ceremony, social media tags, and a welcome shout out on our website? <input type="checkbox"/> YES <input type="checkbox"/> NO Date? _____.			
Number of Employees: <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-6 <input type="checkbox"/> 7-12 <input type="checkbox"/> 13-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101+			
Would you like your business name, phone number, fax number, Email, website and contact name published free of charge in Beaumont's Business Directory? Your business information may also be made available to the public in a number of other ways. These include, but are not limited to, being provided to the Beaumont Chamber of Commerce as well as other business organizations. We do not sell information. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Disclaimer - while every care has been exercised in compiling and publishing the data from this page, and in recognition that the information is being published free of charge, the City of Beaumont accepts no responsibility for any errors or omissions.			
Would you like to receive occasional e-mails pertaining to your business and/or affect the business community? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Would you like us to reach out to you regarding surveys, newsletters, and calls to action? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Operating Information Continued

Information in this section will be used to notify your business for available programs/grants and support.

Would you like to be recognized as any of the following:

Female Entrepreneur
 Francophone
 Visible Minority
 Indigenous
 Choose Not to Answer

Which Cities do you conduct business? _____.

Which Provinces do you conduct business? _____.

Which International countries do you conduct business? _____.

Languages spoken at place of business? _____.

Contact Information

Information in this section will not be made available to the public.

Owner(s) Name:

Owner(s) Address: _____ City: _____ Province: _____ Postal Code: _____

Owner(s) Phone: _____ Owner(s) E-mail: _____

Business Contact Name: _____ Contact E-mail: _____

Secondary Contact Name: _____ Phone: _____ Cell Phone: _____

I hereby certify that the above information is true and properly sets out the business at which is carried out by the applicant, owner, or operator or by any person(s) as the case may be. I understand that should the business stay active, that I must renew by January 31st of any given year in which the business intends to operate and that if I do not renew in time that I may be liable for any and all administrative fees and/or fines. Approval of this Business License does not exempt the applicant from obtaining necessary permits required through Municipal Bylaws and Provincial Statutory Regulations. It is my responsibility to contact Alberta Health, AGLC, Insurance, or other related parties regarding the business. I acknowledge I have read and understood the contents of this form.

Applicant Name: _____ Position: _____

Applicant Signature: _____ Date: _____

#InvestinBeaumont

The personal information on this form is collected under the authority of Business Licensing Bylaw 831-14 and will be used to administer the City of Beaumont Business License program. It will be treated in accordance with the privacy provision of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) to assess all matters relevant to your application for this license. The City may request input from employees of other City of Beaumont departments, Alberta Health Services, Beaumont RCMP, Edmonton & Area Child and Family Services and/or Alberta Gaming Liquor Cannabis Commission in order to properly assess your application for this license or to determine appropriate conditions, if any, for this license. Therefore, the City considers your submitted application consent to disclose the personal or other information provided in your application to other City employees or to the other named entities as may be required for these purposes, pursuant to section 40(1)(d) of FOIP. If you have any questions regarding the collection, use or disclosure of your personal information please contact the City of Beaumont's FOIP Coordinator at (780) 929 8782.

FOR OFFICE USE ONLY:

Permit Clerk

Customer #:		Tax Roll:		Receipt to Accounting:	
Development Permit:		Receipt:		License Fee:	
Building Permit:		District:		HBB Appeal Date:	
Yearly Invoice:	Y/N	Certificate:	Y/N	Commercial Needs Occupancy:	

Economic Development

GP Update:		Directory Updated:		Approval Date:	
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HOME BASED BUSINESS LICENSE CONSENT FORM

I/We, _____, the owner(s) of the
(Registered Land Owner(s))

property located at _____, do
(Address)

hereby grant _____ permission to
(Applicant Name)

operate a _____ to be named
(Business Type)

_____ at the above noted property.
(Business Name)

This business will operate as an office and telephone only.

YES

NO

(Print name of Registered Land Owner)

(Print name of Registered Land Owner)

(Signature of Registered Land Owner)

(Signature of Registered Land Owner)

Date

Date

The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used for the purpose of permit review and inspection processes and may be communicated to relevant City Business Units, utility providers, and Alberta Health Services. It may also be used to conduct ongoing evaluations of services received from City Business Units. The name of the applicant and the nature of the permit will be available to the public. If you have any questions about the collection or use of your personal information, contact the City of Beaumont's FOIP Coordinator at 5600-49th Street, Beaumont, Alberta, T4X 1A1 or 780.929.8782.