

HOME OCCUPATION DEVELOPMENT APPROVAL EXEMPTION REQUEST FORM



APPLICANT DETAILS (Operator of Home Occupation)

Name/Company (if applicable):

Postal Address:

Postcode:

Contact Number:

Email Address:

Signature:

Date:

PROPERTY ADDRESS OF HOME OCCUPATION

Lot Number:

Street Number (if applicable):

Street Name:

Suburb/Locality:

Diagram/Plan or Deposited Plan No.:

Nearest Street Intersection:

Title Encumbrances (e.g. easements, restrictive covenants):

HOME OCCUPATION DETAILS

The details provided must be as detailed and complete as possible. The Shire may contact the Applicant if any details are too broad and/or require clarification.

- ☐ The Applicant confirms that they are the operator of the Home Occupation and the on-site dwelling is their primary place of residence.
- ☐ The Applicant confirms that the Home Occupation does not employ any person not a member of the Applicant's household.
- ☐ The Applicant acknowledges that operating without consent of the landowner is a personal risk assumed by the Applicant (operator).
- ☐ The Applicant has attached a floor plan, drawn to scale, of the area to be used for the Home Occupation, not exceeding 20sqm.

Are you re-locating an existing Home Occupation to this address?

If yes, please provide address and approved Home Occupation details:

Description/type of proposed Home Occupation: _____

Proposed Days and Times of Operation (must be filled in):

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Public Holiday

Is an advertising sign at the premises required? ☐ Yes ☐ No

If yes, height _____ mm, width _____ mm (max. size permitted is 0.2m²).

Anything exceeding 0.2sqm requires development approval.

Does not involve the retail sale, display or hire of any goods unless the sale, display or hire is done only by means of the Internet. ☐ Yes ☐ No

Does the business involve clients attending the premises? ☐ Yes ☐ No

If yes, how many clients are anticipated each day? _____

How many clients will be at the premises at any one time? _____

15 minute intervals between clients are to be considered to manage car parking and noise impacts.

HOME OCCUPATION DETAILS

Does the business involve any vehicles attending the premises, including vehicles for the delivery of goods to and/or from the premises, but not including the vehicles of clients attending the premises by appointment? ☐ Yes ☐ No

If yes, how many vehicles will be used in the business? _____

When will the vehicles be at the premises? (Arrival/departure times/days): _____

Does the business involve the use of services (i.e. water, electricity, sewerage, gas) substantially greater than what is normally required for a residence? ☐ Yes ☐ No

If yes, explain:

Does the business involve the use of any machinery or equipment? ☐ Yes ☐ No

If yes, please describe the type of equipment and its noise at source (if known):

OFFICE USE ONLY

Date Received:	Asset No:
Application No.	Accepting Officer Initials:
File No.	