



**Mountain View**  
C O U N T Y

# DEVELOPMENT PERMIT APPLICATION BUSINESS USES

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T 403.335.3311 F 403.335.9207 Toll Free 1.877.264.9754  
www.mountainviewcounty.com

Date:

## Contact Details

NAME OF APPLICANT(s):

Address: Town/City: Postal Code:

Phone #: Alternate Phone #:

Email:

LANDOWNER(s) (if applicant is not the landowner):

Address: Town/City: Postal Code:

Phone #: Alternate Phone #:

Email:

## Site Information

RURAL ADDRESS:

LEGAL: Section: Township: Range: West of Meridian

Plan: Block: Lot: Parcel Size:

## Nature of the Business

Name of Business:

**Nature of Business** - describe the nature of the business including services provided, products manufactured, items repaired, and goods offered for sale. If necessary, use additional pages:

Complete the following checklist:

1. Will any clients visit the home or property?
2. Will there be an potential for exterior impacts such as noise, smoke, dust, fumes?
3. Will there be any outside signage related to the business?
4. How many employees in addition to the permanent residents?
5. How many business related vehicles will be on the property?

If you have answered **YES** to any of the questions above or have employees and business related vehicles then your business is not considered a Home Office and **requires** a Development Permit and the completion of the this form.

If you have answered **NO** to the questions your business may be considered a Home Office and completion this page and the signature page is only required if you require confirmation from Mountain View County.

## BUSINESS DETAILS

The following questions explain the details of your proposed business.

You may include supplement information such as Website address, Brochures, Business Plans, Marketing Info, etc.

Will there be existing or new buildings used for the business? Indicate all structures and uses on Site Sketch.

What is the area which will be occupied for the proposed business? Indicate building area occupied by the proposed business on the site plan.

How many people will be employed, including yourself:

Number of customers during an Average Day:

Average Week:

Hours of Operation:

Days of Operation:

Months of Operation:

Vehicles used for the business. Describe number, size, and type (ie. commercial vehicles, cars, trucks, etc.)

Where will parking be provided for employees/clients/customers and delivery trucks? Indicate parking area(s) on the site plan:

What outdoor/indoor storage will be on the property related to the Business:

Will there be Signs for the business? Indicate size and the location of the proposed signs below and on the site plan

**Please note: if your proposal is not for a Home Based Business, a Development Permit application package must also be completed and submitted along with this form for business uses.**

# Signature & Authorization Form

I,

confirm that the above information accurately describes the business that will be/is operating

on:      LEGAL:                  Section:                  Township:                  Range:                  West of                  Meridian  
            Plan:                                  Block:                  Lot:

I am the registered landowner(s) of the property as identified above

I am authorized by the registered landowner(s) of the property to operate the Business as identified in this application

Date    Signature of Landowner

Date    Signature of Landowner

Date    Signature of Authorized Applicant

The personal information on this form is being collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) for the purpose of reviewing and evaluating an application for Home Office Business. By providing the above personal information, the applicant consents to the information being made available to the public and Approving Authority in its entirety under Section 17(2) of the Alberta Freedom of Information and Protection of Privacy Act. Any inquiries relative to the collection or use of this information may be directed towards to: Mountain View County FOIP Coordinator 10-1408 – Twp Rd 320 Postal Bag 100 Didsbury AB T0M 0W0  
Ph: 403-335-3311