



Shire of Northam  
Heritage, Commerce & Lifestyle

## TOWN PLANNING APPLICATION FOR HOME OCCUPATION / HOME BUSINESS

APPLICANT(S) NAME(S): \_\_\_\_\_  
\_\_\_\_\_

LOT No: \_\_\_\_\_ HOUSE No: \_\_\_\_\_ PHONE No: \_\_\_\_\_

MOBILE No: \_\_\_\_\_

STREET: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POST CODE: \_\_\_\_\_

### NAME AND TYPE OF HOME OCCUPATION / BUSINESS

*Please attach a covering letter and or photos explaining the proposed activities in detail and listing the vehicles / machinery / chemicals to be used. 3 copies of a Site Plan are required to show proposed size and location of rooms or outside areas to be used.*

\_\_\_\_\_  
\_\_\_\_\_

I/We attach \$222.00 for administration fees and undertake to pay the Shire's normal costs of neighbour consultation (\$125.00) and/or local newspaper advertising (at cost) and onsite signage (\$125.00) if the Shire requires public notice to be given for this application. If approved an annual fee (currently \$73.00) will be applicable.

I/We understand that adjoining landowners may be consulted and their comments sought in relation to our application for a home occupation / home business.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

OWNER OF PROPERTY (Name) \_\_\_\_\_

Please print

SIGNATURE OF OWNER \_\_\_\_\_

P \_\_\_\_\_ A \_\_\_\_\_ Receipt # \_\_\_\_\_



## HOME OCCUPATION / HOME BUSINESS CHECKLIST

### Application Type:

*Based on definitions contained in the Shire's Town Planning Schemes*

### HOME OCCUPATION

### HOME BUSINESS

*requires neighbour consultation*

Fee enclosed \$222.00

Neighbour consultation fee \$125.00 if required

Signage Fee if required

Cover letter attached

3 x Plans attached

*Note: Newspaper advertising, if required, will be charged at cost once undertaken*

**Signage:** Yes / No size of sign \_\_\_\_\_

*Note: max permitted sign is 0.2m<sup>2</sup> or 40cm x 50cm*

**Customer car parking:** Yes / No number of bays \_\_\_\_\_

**Non-household employees:** Yes / No number \_\_\_\_\_

**Food handling:** Yes / No

**Vehicles / Machinery used :** Yes / No type \_\_\_\_\_ weight \_\_\_\_\_

type \_\_\_\_\_ weight \_\_\_\_\_

**Is chemical storage required? Yes / No** type \_\_\_\_\_

*Please specify the type and quantities of chemicals as well as management and occupational health and safety practices on separate page.*

**Hours of operation:** Mon - Fri \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_ Sunday \_\_\_\_\_ to \_\_\_\_\_