

Town of Lewisporte 152 Main Street, P.O. Box 219 Lewisporte, NL A0G 3A0 T. 709-535-2737 F. 709-535- 2695 Email: info@lewisportecanada.com

HOME BASED BUSINESS DEVELOPMENT APPLICATION

Applicant:	Property Owner:
Mailing Address:	Mailing Address:
Telephone:	Telephone:
Location of Property:	
Description of Property: single detached house side by side duplex rowhouse dwelling apartment dwelling Name of Home Based Business	
What equipment/material do you use in your business?	
Where is your equipment/material kept?	
Where do you perform your business or sell your product?	
How often are people coming to your home regarding your business? Never Visits per day	
How many employees/people are involved in your business?Work on the property?	
What type/size of vehicle may be involved i	n your business?
# of on-site parking spaces # of	of non-resident employees
Is accessory building/garage used for the building/garage used used used used used used used use	siness?

I/We hereby submit this application and confirm that the information supplied is to correct. I/We hereby make application under the Town of Lewisporte Land Use Zoning Subdivision and Advertisement Regulations to develop in accordance with the information submitted, which form a part of this application. I/We understand and acknowledge the conditions and limitations applying to the issuance of a development permit.

Note: If you do not own the dwelling, you must obtain a letter of permission from the property owner.

Applicant:

Property Owner: _____ Date: _____