



DEVELOPMENT PERMIT APPLICATION FOR HOME OCCUPATIONS AND BED AND BREAKFASTS

TOWN OF COCHRANE PLANNING SERVICES

101 RANCHEHOUSE ROAD, COCHRANE, AB T4C 2K8

TEL: 403-851-2570

Email: planning@cochrane.ca

FOR OFFICE USE:

DP No. _____

Fee: _____

Date Paid: _____

Receipt No. _____

1. Applicant Information	2. Owner Information (if not the applicant)
Applicant Name(s):	Owner Name(s):
Mailing Address:	Mailing Address:
City/Prov/Postal Code:	City/Prov/Postal Code:
Phone:	Phone:
Email:	Email:

3. Owner Authorization:	
<p>If the registered owner(s) of the subject property elects to have someone act on their behalf in the submission of this application this section must be completed: As owner(s) of the land described in this application, I/we hereby authorize _____ to act as the applicant regarding this land development application. I acknowledge that this means all communication will be directed through the applicant.</p>	
Name (print):	Date:
Signature of Owner:	
Name (print):	Date:
Signature of Owner:	

4. Site Information:			
Municipal Address:			
Legal Description:	Lot:	Block:	Plan:
Land Use Zoning:			
Existing Use(s) on Site:			
Type of Business:	Home Occupation- Class 1	Class 2	Bed and Breakfast

5. For Home Occupations Only:
Briefly describe the type of business and any equipment that will be used:

If equipment is used, where will it be stored:

Hours of operation:

Are there any other Home Occupations (Class 1 or 2) approved or operating on the site: Yes No

Are there any other Bed and Breakfasts approved or operating on the site: Yes No

If yes, what is the business:

Floor Area of Residence:

Main Floor (m ²):	Second Floor (m ²):	Basement (m ²):	Garage (m ²):	Home Occupation (m ²):

Parking Requirements:

Number of on-site employees that do not reside in the home:

Number of client visits per day:

Number of client visits at one time:

Number of on-site parking stalls:

How many service/delivery vehicles will be coming to the residence, per day: per week:

6. For Bed and Breakfast only:

Number of guest rooms:

Will there be any cooking facilities in bedrooms or suites for guests: Yes No

Has a Development Permit for any of the following uses been issued on the site:

Home Occupation- Class 2 Day Home Supportive Housing

Please Note: if your proposed business is located within a condominium property, *Condominium Bylaws may apply

8. Right of Entry:

I / We (please print), _____
being the registered owner(s) or person(s) authorized to act on behalf of the registered owner(s) of the land that is the subject of this application, hereby consent to an authorized person designated by the Town of Cochrane entering upon the said property for the purpose of inspection during the processing of this application. If any other person is in possession of the subject land, I/we consent to such access by the Town on behalf of that occupant and have full authority to grant this consent on the occupant's behalf.

Name (print): Signature of Owner:	Date:
Name (print): Signature of Owner:	Date:

9. Consent to Electronic Process:

I/We, the landowner or agency acting on the landowner's behalf, consent to the use of the Town's electronic process, which includes electronic documents, stamps, and signatures.	Yes	No
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Compliance with the requirements of Land Use Bylaw 01/2022 does not afford relief from compliance with the *Municipal Government Act* or any other federal, provincial, or municipal legislation, or the conditions of any easement, covenant, building scheme, or agreement affecting the lands or buildings.

FOIP Notification: The personal information requested on this form is collected under the authority of the *Municipal Government Act*, Section 640, and the *Alberta Freedom of Information and Protection of Privacy (FOIP) Act*, Section 33(c) and is protected under Part 2 of that Act. Information collected by public bodies forms part of a file that may be available to the public. Please be advised that the information collected is used for processing this application, ensuring compliance with planning policies, and may be used to conduct ongoing evaluations of services received by the Town of Cochrane. Questions about this collection can be submitted to: FOIP Coordinator, 2nd Floor, 101 Ranchehouse Road, T4C 2K8, 403-932-2674 or FOIP@cochrane.ca

Questions?

Please do not hesitate to contact planning staff at planning@cochrane.ca or 403-851-2570