BEAUMONT

CITY OF BEAUMONT
Home Based Business (HBB) Permit Application Checklist

E & OE

All forms and supporting documents (listed below) must be submitted at time of application.

- ☐ Development Permit Application Form (Attached)
- ☐ Consent Form (Attached) (only required if applicant is not home owner)
- ☐ Development Permit Questionnaire (Attached)
- ☐ Provide a Drawing of Floor Plan (only required if applying for major home based business)
  - ☐ Location where business will be conducted inside of home
  - ☐ If business is in basement, entire basement floor plan must be provided & identify the area used for business
  - ☐ The space design (furniture placement), doors, windows, walls, etc
  - ☐ Any required new plumbing, gas or electrical fixtures (permits may be required)
  - ☐ Prove a site plan showing off-street parking for clients/customers
  - ☐ If applicable, provide on your floor plan any stored products, method of storage and disposal (along with list of materials)

☐ Fees (See Fee Schedule)
Staff will contact the applicant to arrange for payment ONLY after verifying the application is complete.

Major vs Minor Home Based Business:

- ☐ Major:
  - Up to 10 clients per day are permitted
  - May include a day home
  - 1 non-illuminated sign shall be permitted;
  - May include outdoor activities that do not cause a nuisance for adjacent lots, in the opinion of the Development Authority
- ☐ Minor:
  - No client visits are permitted
  - The residential character of the building shall not be affected
  - Shall be contained within a building
  - No signs are permitted
  - No accessory structures can be utilized for the purpose of the use

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Residential Permit Application

Combined Development & Building Permit

BEAUMONT

Planning & Development
5600 – 49 Street
Beaumont, AB T4X 1A1
780-929-8782
development@beaumont.ab.ca

DATE RECEIVED
OFFICE USE ONLY

DATE PAID
OFFICE USE ONLY

Note:
Electrical, Plumbing and Gas Permits each have their own application forms to be submitted to: questions@inspectionsgroup.ca

Property Information

Street Address: _____

Plan: _____ Block: _____ Lot: _____

Applicant and Property Owner Information

Applicant/Contractor Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

Email *(required)*: _____

Is the Applicant also the Registered Owner? ☐ Yes *(Do not fill out below)* ☐ No *(Fill out below – written authorization from registered owner required)*

Owner Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

Email *(required)*: _____

Proposed Development

Construction Value:
(Approximate cost of material & labour) **$**

I am applying for a: ☐ Development Permit AND/OR ☐ Building Permit

Check one of the following:

- ☐ Additional Dwelling Unit - Sq Ft: _____ - Number of proposed bedrooms in Dwelling: _____
- ☐ Accessory Building (other than Garage) - Sq Ft: _____
- ☐ Detached Garage - Sq Ft: _____
- ☐ Basement Development* - Sq Ft: _____
- ☐ Covered Deck - Sq Ft: _____
- ☐ Uncovered Deck - Sq Ft: _____
- ☐ Hot Tub - Sq Ft: _____
- ☐ Corner Lot Fence**
- ☐ Other: _____
- ☐ Home Based Business*** - ☐ Major ☐ Minor - Business Name: _____

Has work on the above indicated item already commenced? ☐ Yes ☐ No

***No Development Permit Required** ****No Building Permit Required** *****Business License Required, Building Permit may be required**

OFFICE USE ONLY

Permit Number:

Land Use District:

Tax Roll:

☐ Permitted Use
☐ Permitted Use w/ Variance
☐ Discretionary Use

Fees	Receipt #:
Development Permit:	
Building Permit:	
Safety Code Levy:	
Variance:	
Notification Fee:	
GST:	
Other:	
Total Fees:	

Applicant Authorization

1. I am the owner/agent with the consent and authority of the owner that is the subject matter of this permit application.
2. I give consent to allow authorized person pursuant to the Municipal Government Act Section 542 the right to enter the land and/or building(s) with respect to this application.
3. I understand this is only an application and does not constitute approval to commence construction.
4. I acknowledge that notification fees associated for a discretionary use or variance application will be billed to me separately at cost. I will be notified of required payment of these fees via email that I have provided on this form. I am aware that not paying these fees promptly will cause delays in the review of my application.
5. I declare that the information contained in this application is correct and true to the best of my knowledge.
6. I declare that I will notify the Development Authority of any proposed changes to the plans submitted with this application. I agree ☐
7. I consent to receiving notifications & correspondence regarding this application via email to the address provided on this application.
8. By checking the "I agree" box, you agree and authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Development Permit

Date Deemed Complete: _____

Date of Decision: _____
(See attached Notice of Decision)

Building Permit

See Attached Report

Safety Codes Officer: _____ Designation No. _____ Date: _____

Updated: 2026-09-14

BEAUMONT

5600 - 49 Street
Beaumont, Alberta T4X 1A1
Phone: (780) 929-8782
Fax: (780) 929-3300
Email: development@beaumont.ab.ca

HOME BASED BUSINESS LICENSE
CONSENT FORM

I/We, _____, the owner(s) of the
(Registered Land Owner(s))

property located at _____, do
(Address)

hereby grant _____ permission to
(Applicant Name)

operate a _____ to be named
(Business Type)

_____ at the above noted property.
(Business Name)

This business will operate as an office and telephone only.

☐ YES
☐ NO

_____	_____
(Print name of Registered Land Owner)	(Print name of Registered Land Owner)
_____	_____
(Signature of Registered Land Owner)	(Signature of Registered Land Owner)
_____	_____
Date	Date

The personal information collected is authorized under Section 4(c) of the Protection of Privacy Act and is managed in accordance with the Act. It will be used to process your application and for administrative purposes directly related to the program or service for which you are applying. It may be entered into an automated system to generate content or make decisions, recommendations, or predictions. If you have questions about the collection or use of your personal information, please contact the Access and Privacy Officer at 780-929-8782.

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Beaumont, AB T4X 1A1
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DEVELOPMENT PERMIT QUESTIONNAIRE

Accessory Use – Home Occupation Business Activities Permit #_____

BUSINESS TYPE

1) Describe the nature of business / services of your proposed home occupation.

_____

2) Are you taking over an existing business? ☐ NO ☐ YES
3) Are there other businesses currently operating at this address? ☐ NO ☐ YES
4) Have you started operating this business? ☐ NO ☐ YES
5) Is there an additional dwelling unit (basement, garage or garden suite) at this location? ☐ NO ☐ YES
6) How many resident employees of your business or occupation will be on the site? _____
7) How many non-resident employees of your business or occupation will be on the site? _____
8) Determining if this is an Office & Telephone only:
   a) Do clients or customers visit the residence? ☐ NO ☐ YES
   b) Do you receive, construct, prepare or design products for sale on site? ☐ NO ☐ YES
   c) Do you store materials related to business operations on site? ☐ NO ☐ YES
   d) Do you park or store vehicles / trailers / machinery related to business operations on site? ☐ NO ☐ YES
   e) Do you sell products / materials / services on site? ☐ NO ☐ YES
9) If this business is **NOT** for administration purposes only (office & telephone):
   a) What will your days and/or hours of operation be? _____
   b) For retail/personal services, will sales & service be provided by appointment only? ☐ NO ☐ YES
      i) How many customers will be in attendance per appointment? _____ ☐ N/A
   c) For an instruction program, will classes be provided by appointment only? ☐ NO ☐ YES
      i) How many will be in attendance on the site at any given time? _____ ☐ N/A
   d) Describe any products or materials that will be sold on site _____ ☐ N/A

BUSINESS SPACE

10) If this business is NOT for administration purposes only (office & telephone):
   a) Please provide a drawing / **floor plan** showing the following. ☐ ATTACHED
      i) The location where business will be conducted inside the home – ie. if the business is in the basement, the floor plan shall show the entire basement and identify the portion to be used for your business.
      ii) The space design (furniture placement), doors, windows, walls, any required new plumbing, gas or electrical fixtures, and
   b) Please provide a **site plan** showing off-street parking for clients/customers. ☐ ATTACHED
11) Will you be doing any development / alterations to accommodate the business? ☐ NO ☐ YES

a) Yes, a building permit will be required. Electrical, plumbing, gas permits may be required.

12) Are you providing personal hygiene services or food services? ☐ NO ☐ YES

a) Yes, additional electrical, plumbing and /or gas permits may be required.
b) Yes, contact Leduc Public Health Centre.

STORAGE OF MATERIALS ☐ N/A

13) Are goods or materials used in connection with your business delivered to your residence? ☐ NO ☐ YES

a) Yes, please indicate what kinds of materials are delivered. _____
b) How often and during what hours are materials delivered? _____

14) Will onsite storage of materials or products be required for your business and/or services? ☐ NO ☐ YES

a) Yes, please include on your **floor plan** and **site plans** the following;
   i) a listing of all products and materials associated with the business that will be stored on site,
   ii) the location of these products and materials,
   iii) method of Storage (ie. open, containerized, or sealed packaging), and
   iv) method of Disposal

VEHICLES & EQUIPMENT – BUSINESS USE and / or TAXI SERVICE ☐ N/A

15) How many vehicles associated with this business are kept at this property? _____ ☐ N/A

16) How many vehicles not associated with this business are kept at this property?_____

17) How many driveway parking spaces are there? _____

18) Do you have any vehicles over 5500 kg and over 7 m in length associated with this business? ☐ NO ☐ YES

a) *If yes, how many vehicles? _____ Where will they stored? _____

note: if answer is yes, advise it cannot be stored on site in Beaumont

19) Do you have any trailers and/or equipment (i.e. bobcats) associated with this business? ☐ NO ☐ YES

a) If yes, what is the length? _____

b) *Where will it be stored? _____*advise it must be stored inside only (not on street or driveway pad)*

20) Will you be utilizing mechanical or electrical equipment that creates external noise? ☐ NO ☐ YES

VEHICLE DETAILING ☐ N/A

21) Will vehicles to be detailed, washed, vacuumed, etc. be located at your residence? ☐ NO ☐ YES

a) Yes, please attach a **site plan** providing the following: ☐ ATTACHED

   i) Number of driveway parking spaces.

   ii) Where customer vehicles will be parked before, during and after detailing.

   iii) Where vehicles not associated with this business will be parked.

b) How many vehicles "for detailing" will be kept at your residence at any given time? _____

HICLE SALES ☐ N/A

22) Will vehicles to be sold in connection with your business be located at your residence? ☐ NO ☐ YES

a) Yes, please attach an AMVIC permit/license. ☐ ATTACHED

b) Yes, please attach a **site plan** providing the following: ☐ ATTACHED

i) Number of driveway parking spaces.

ii) Where vehicles not associated with this business will be parked.

c) Do you plan on storing "for sale" vehicles at your residence at any given time? ☐ NO ☐ YES

23) Do you plan on repairing these vehicles before selling? ☐ NO ☐ YES

a) Yes, and you already possess an *automotive business license*; contact the Alberta Motor Vehicle Council at 1-877-979-8100 about dual licensing regulations.

VEHICLE REPAIRS ☐ N/A

24) Will vehicles repaired in connection with your business be located at your residence? ☐ NO ☐ YES

a) If you answered yes,

i) An AMVIC permit/license must be attached. ☐ ATTACHED

b) If you answered yes, please attach a site plan providing the following: ☐ ATTACHED

i) Number of driveway parking spaces.

ii) Where vehicle repairs will take place.

iii) Where customer vehicles will be parked before after repairs.

c) How many vehicles "for repair" will be kept at your residence at any given time? _____

25) Do you plan on selling these vehicles you have repaired? ☐ NO ☐ YES

a) Yes, and you already possess an *automotive repair license*, contact the Alberta Motor Vehicle Council at 1-877-979-8100 about dual licensing regulations.

OTHER NOTES

_____

_____

_____

_____

_____

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