**PERS – Home Occupation Checklist** 

Planning, Engineering, & Regulatory Services

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## **Home Occupation Checklist**

Description SECTION 1

**HOME OCCUPATION** means a secondary use of a Dwelling Unit and/or Accessory Building by at least one of the residents of the Dwelling to operate a gainful occupation or business activity.

A Home Occupation may not have: exterior open storage or display of goods, materials, or equipment; wholesale, sale or retail sale of goods; require external modifications to the Dwelling and does not require the floor area of the Dwelling to be increased; or include activities which are hazardous or cause a significant increase in traffic, noise, odor, dust, fumes, lighting or other nuisance or inconvenience to occupants of nearby residences. If your proposal includes any of these items, you can not be considered as a Home Occupation.

For more information please see Section 6.18 of the Envision St. John's Development Regulations.

To Be Submitted: SECTION 2

Planning/Development Application Form

Application fee: Discretionary Use (Planning and Development Fee Schedule)

Survey – written description and plot plan showing all existing easements, encroachments, and Buildings (NAD 83 Coordinates).

Floor plan which shows where the Home Occupation is located (please not that the Home Occupation should not exceed 25% of the Floor Area of the Dwelling or 45m² (square meters), whichever is less. Dimensions of both the Dwelling and Home Occupations must be shown.

Home Occupation Checklist

Checklist	ECTION 3
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Is the Home Occupation located in the Dwelling Unit?: Yes No

Is the Home Occupation located in the Accessory Building?: Yes No

 Please note – the Home Occupation is only allowed in an Accessory Building if the property is zoned Rural, Rural Residential, Rural Residential Infill, Agriculture, or Forestry. See size requirements for an Accessory Building under Section 6.2 of the Envision St. John's Development Regulations

What is the floor area of the proposed Home Occupation (square meters)? \_\_\_\_\_

Is the Home Occupation operated by a resident of the property?: Yes No

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Checklist Continued			SECTION 3	
, ,	ees who do not live at the property?:	Yes	No	
Will there be clients visiting t	he Home Occupation?: Yes	No		
If yes: Number of \( \)	vehicles per day?			
Number of vehicles at the same time?				
Do you have off street parkir	ng?: Yes No			
<ul> <li>If yes, how many e</li> </ul>	excess parking spaces are available,	which are not us	sed for	
	y residents?spaces available for the Home Occu	pation clients/sta	aff on a site	
What are the proposed days	and hours of operation of the Home	Occupation?		
Is there a sign proposed for the Home Occupation?: Yes No				
<ul> <li>Identify size and type of sign, which must meet the requirements of Section 6.18. and the City of St. John's Sign By-Law (Note: a separate permit may be required)</li> </ul>				
Applicant Signature			SECTION 4	
By signing this checklist, you acknowledge that the information provided is accurate.				
Signature	Date			
Please submit completed form to:	Inspection Services 3 <sup>rd</sup> Floor Annex 10 New Gower Street P.O. Box 908 St. John's NI A1C 5M2	Email: permits@ Fax: 709-576 Call: 709-576	-8160	

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Form last updated: 2024-09-24