

CITY OF BAYSWATER

Civic Centre, 61 Broun Avenue, Morley, Western Australia 6062 Business Hours: 8.30 a.m. to 4.30 p.m. Telephone: (08) 9272 0622 Facsimile: (08) 9272 0665 Postal Address: PO Box 467, Morley, W.A. 6943

Home Based Business Checklist

This form is required to be completed by persons applying for or renewing a Home-Based Business Application.

NAN	IE			
BUS	INESS NAME			
PROPERTY ADDRESS				
	NE NUMBER			
EMA	IL ADDRESS			
BUS	CRIBE THE INESS POSED			
In a	ddition to completing	ng this form, the following information is required to be submitted with a		
Home Based Business application:				
	Complete a Metropolitan Region Scheme Form 1 signed by the owner of the land (available at www.bayswater.wa.gov.au).			
		y the planning application fee (available at <u>www.bayswater.wa.gov.au</u>).		
		rovide supporting information including a detailed description of the business activities oposed and the hours of operation.		
	Submit relevant letters of support or non-objection from adjoining landowners.			
	□ Provide a scaled house/site plan indicating the room/area proposed to be used for the business			

Please refer to the 'Home Based Business Information Sheet' for further information.

PLEASE ANSWER THE FOLLOWING QUESTIONS ON THE PROPOSED HOME BASED BUSINESS

YES	NO		QUESTION
		1.	Do you live at the subject property?
		2.	Do you own the subject property?
			If you do not own the subject property, the landowner will need to sign the Metropolitan Region Scheme Form 1.
		3.	Is the subject property strata titled?
			If the property is strata titled, you will need the written approval of the body corporate. Please attach the body corporate approval to the application.
		4.	What is the area required for the proposed Home Based Business?
			(Please specify in square metres – for example 20m²)
		5.	Will the Home Based Business employ person(s) not permanently living at the property?
			If the answer is yes, please state how many person(s) not permanently living at the property -
		6.	Will the Home Based Business involve retail sales or the display of goods?
			If the answer is yes, please describe the retail sales or display of good proposed -
		7.	Will the Home Based Business have customers and/or deliveries to the site? If the answer is yes, please describe the number of potential customers per day, the number and nature of the proposed deliveries to the site and indicate on the plans where customer
			parking and deliveries will be accommodated.
		8.	Will the Home Based Business involve the preparation or sale of food?
			If the answer is yes, please describe in detail.
		9.	Will the Home Based Business require signage?
			(If the answer is yes, please specify the size of the proposed sign in metres squared – e.g. 0.2m² and provide three (3) copies of a plan of the proposed signage)
		10.	Will the Home Based Business involve mechanical repairs, panel beating or other automotive repairs?
			If the answer is yes, please describe in detail.

YES	NO	QUESTION
		11. Will the Home Based Business require the outdoor storage of materials or supplies?
		If the answer is yes, please describe.
		12. Will the Home Based Business cause the emission of light, noise, vibration, smell, fumes, smoke, vapour, steam, soot, ash, dust, grit, oil, liquid waste or other waste product, or use electrical equipment that may cause interference with television reception? If the answer is yes, please describe.
		13. Will the Home Based Business require an additional vehicle to be parked on the site? If the answer is yes, please describe.
		<u> </u>

DECLARATION

The applicant hereby applies to carry out the Home Based Business as described above and confirms that the above particulars are true.

Signature(s) of applicant(s):	
Date:	

FURTHER INFORMATION

Should you require any further information, please contact the City's Planning and Development Services Division.

Phone: (08) 9272 0622 **Fax:** (08) 9272 0665

E-mail: mail@bayswater.wa.gov.au **Web:** www.bayswater.wa.gov.au

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