Date

Attention: Statutory Planning Services City of Rockingham PO Box 2142 ROCKINGHAM DC WA 6967

Email: customer@rockingham.wa.gov.au

Dear Sir/Madam

<Insert Name and Location of Home Occupation> (e.g. CJ's Beauty Therapy, Fitzgerald Street, North Perth) is now open for Business.

I am writing to inform you that my home occupation has commenced operating. *Insert details including what services are offered.* These activities qualify as a Home Occupation.

I have completed the *Home Occupation Development Approval Exemption Checklist* confirming compliance with the requirements and attach same to this notice.

We are seeking to operate without development approval under Part 7, clause 61(3) of the *Planning and Development (Local Planning Schemes) Regulations 2015*.

We acknowledge that this exemption does not alleviate the need to obtain any further approvals, permits or licences as required, such as building permits or health and food approvals.

We hope we can count on your support. If you have any queries, please contact <insert contact name and number>

Yours sincerely

<Insert signature>

Insert Name

HOME OCCUPATION DEVELOPMENTAPPROVAL EXEMPTION CHECKLIST



Note: Prior to filling in this form please ensure you have read the City's Planning Policy 3.3.10 Home Occupations and Home Businesses.

Nearest Street Intersection Title Encumbrances (e.g. Easements, Restrictive Covenants) OWNER DETAILS Name Address Postcode Phone: Home Work Mobile Fax Email Contact Person Signature Date The signature of the owner(s) is required on all applications. This application will not proceed without that signature. APPLICANT DETAILS (To be completed only if different from the owner) Name Address Postcode Phone: Home Work Mobile Fax Email Contact Person for Correspondence Signature Date Date	PROPERTY DETAILS							
Phone: Home	Lot No	Diagram or Plan	No					
Title Encumbrances (e.g. Easements, Restrictive Covenants)	Street No	Street Name	Street Name					
Name	Suburb	Nearest Street Intersection						
Name	Title Encumbrances (e.g. E	asements, Restrictive Cove	enants)					
Address	OWNER DETAILS							
Address	Name							
Phone: Home								
FaxEmail								
Signature	Phone: Home	Work	Mobile					
Signature	Fax	Email						
Signature	Contact Person							
APPLICANT DETAILS (To be completed only if different from the owner) Name	Signature		Date					
APPLICANT DETAILS (To be completed only if different from the owner) Name	Signature		Date					
Phone: Home								
EmailContact Person for Correspondence								
Contact Person for Correspondence	Phone: Home	Work	Mobile					
Signature	Fax	Email						
The Applicant confirms that they are the operator of the Home Occupation and permanently resides at the property address. OFFICE USE ONLY Acceptance Officer's Initials: Date Received: Parcel No Applicant No	Contact Person for Corresp	ondence						
Parcel NoApplicant NoApplicant No	Signature	_	Date					
Acceptance Officer's Initials:Date Received: Parcel NoApplicant No			tor of the Home Occupation and permanently					
Parcel NoApplicant No		OFFICE US	SE ONLY					
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	Parcel No.	App	olicant No					

APPLICATION DETAILS

Are you relocati	•	lse (e.g. : istina Hoi	•	,		ess?			
Are you relocating an existing Home Occupation to this address?									
Description of F	Proposed	Home O	ccupatio	n:					
Approximate siz	ze of Hon	ne Occur	pation (m	, ²)·					
The Permitted	The Permitted Days and hours under Policy 3.3.10 are:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Pub Holida
		8am to 5pm	8am to 5pm	8am to 5pm	8am to 7pm	8am to 5pm	8am to 5pm	Not at all	
Proposed Days Operation (circle		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Pub Holida
Proposed Times Operation (fill in	s of								
Does the Home	Occupat	tion empl	oy any p	erson no	t a memb	er of the	occupie	r's househ	old? _
No employees may be require									
Will the Home Occupation require an advertising sign?									
		ni ioquii c	e an auve	ertising si	gn?				
Depth	-	•		•	· —	size peri	mitted 0.	2m²)	
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APPLICATIONS INFORMATION

The following information must be provided in support of your Exemption

	Plan	Planning and Development (Local Planning Schemes) Regulations 2015.					
2.	A <u>site plan</u> (in triplicate) to a scale of not less than 1:500, showing:						
		street names, lot number(s), north point and the dimensions of the site;					
		the existing and proposed use of the site and dimensioned position of buildings and structures to be erected on the site;					
		the existing and proposed means of access for pedestrians and vehicles to and from thesite;					
		the location, number, dimensions and layout of all car parking spaces intended to beprovided;					
		the location and dimensions of any area proposed to be provided for the loading and unloading of vehicles carrying goods or commodities to and from the site and the means of access to and from those areas;					
		the location and orientation of any proposed advertisements; and					
		any other information that the Council can reasonably require to enable the application to be determined.					
3.	A <u>flo</u>	or plan of the residence to a scale of not less than 1:200, showing:					
		the existing or proposed residence, including any proposed alterations; and					
		the identification of areas to be used for the business.					
•		ve any questions regarding the completion of the application form, please contact the City's Services on 9528 0333.					

1. Letter/notice to City of Rockingham advising commencement of the Home Occupation under the

Advice to Applicants

The details provided above must be as detailed and complete as possible as the City may contact applicants if any details are too broad and require clarification. Any additional information required to assess the exemption may be requested.

If you have any questions in relation to this matter, please do not hesitate to contact the City's Planning Services on 9528 0333.