

APPLICATION FOR DEVELOPMENT APPROVAL



Home Occupations/Home Businesses/Cottage Industries

Before completing this form, please consider lodging your application on-line - <https://rockingham.wa.gov.au> and register via [Rock Port](#) to lodge your application

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.

PROPERTY DETAILS

Lot No. _____ Diagram or Plan No. _____

Street No. _____ Street Name _____

Suburb _____ Nearest Street Intersection _____

Title Encumbrances (eg. Easements, Restrictive Covenants) _____

OWNER DETAILS

Name _____

Address _____

_____ Postcode _____

Phone: Home _____ Work _____ Mobile _____

Fax _____ Email _____

Contact Person _____

Signature _____ Date _____

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 _____

OFFICE USE ONLY

Acceptance Officer's Initials: _____ Date Received: _____

Parcel No. _____ Applicant No. _____

File No. _____ Application No. _____

Application Fee \$ _____ Date Sought _____ Date Received _____

Receipt No. _____ Planning Account No. 711 (Application Planning Fee)

Referred to Environmental Health Services? Yes / No / Not Required

□ APPLICATION DETAILS

- 1. Existing Building/Land Use (E.g. Single House): _____
- 2. Nature of Any Existing Buildings and/or Use: _____
- 3. Description of Proposed Business: _____
- 4. Approximate Cost of Proposed Development: _____
- 5. Estimated Time of Completion: _____

6a. The Permitted Days and Hours under Policy are:

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Public Holidays
8am to 5pm	8am to 5pm	8am to 5pm	8am to 7pm	8am to 5pm	8am to 5pm	Not at all	Not at all

If the business will not operate within these hours, please indicate the alternative times of operation and reasons below.

6b. Days of Operation (circle)

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Public Holidays

6b. Times of Operation (fill in)

Reasons for different times of operation _____

(Please note alternative times of operation will only be approved in exceptional circumstances)

7. Does the business employ any person not a member of the occupier's household?

If yes, state how many _____ **(max 2 permitted)**

8. Will the business require an advertising sign?

If yes, what is the depth and width of the sign face? **(max permitted 0.2m²)**

Depth _____ mm Width _____ mm

9. Does the business involve the retail sale, display or hire of goods of any nature?

The retail sale, display or hire of goods of any nature will not be permitted, with the exception of internet and/or postal transactions)

10. Does the business involve clients attending the premises?

11. If yes, describe how many clients are anticipated each day, and state how many clients will be at the premises at any one time _____ per day _____ any one time
15 minute interval between clients will be required and overall limits on numbers per day will apply

12. Does the business involve any vehicles attending the premises, including vehicles for the delivery of goods to and/or from the premises, but not including the vehicles of clients attending the premises by appointment?

If yes, please provide the following details:

How the vehicle will be used in the business _____

When the vehicle will be at the premises _____ (Arrival/Departure times/days)

Type of Vehicle _____ Size of Vehicle _____

Tare Weight of Vehicle _____

Fuelling, repair or maintenance of vehicles is not permitted.

13. Does the business involve the use of services (i.e. water, electricity, sewerage, gas) substantially greater than what is normally required for a residence?

If yes, explain _____

14. Does the business involve the production of arts and craft goods?

15. Does the business involve the use of any machinery or equipment?

If yes, please describe the type of equipment and its noise at source (if known) _____

APPLICATIONS FOR FOOD PREPARATION

Does the business involve food handling activities (ie. food preparation and/or food storage) taking place at the residence stated under the "property details" section of this application?

If yes, please be advised that there are restrictions on the types of foods that can be prepared or stored in residential premises for sale to the public. There are also separate fees that accompany an application to prepare or store food for sale to the public in residential premises.

Please describe the types of foods that will be prepared/stored:

For further information regarding an application for approval of certain food handling activities in residential premises, please contact the City's Health Services on 9528 0315.

APPLICATIONS FOR HAIR DRESSING

Applications for hair dressing require additional approval from the City's Health Services. Your application will be forwarded to Health Services and will be considered separately.

Please note that your application will not be assessed unless the following information is provided:-

- Floor plan of each room used for hair dressing, showing where all equipment is to be located (including work stations, hair wash stations, benches, chemical storage area, preparation area, hand wash basin, bins, laundry facilities).
- Hand wash basin is to be shown on the floor plan. **The hand wash basin must be located in the same room as the hair dressing procedures.** It is not acceptable to use the hand wash basin in the bathroom. The hand wash basin must be operated hands-free, and supplied with warm running water out of a single tap, liquid soap and paper towels.
- The type of flooring is to be shown on the plan. Flooring must be smooth, impervious to water, non-slip and easily cleanable. Carpet is not permitted.
- A cleaning schedule is to be included, showing how frequently the premises and the different equipment will be cleaned (eg. towels, clippers, benches, floors etc)
- The type of disinfecting solution that will be used
- The Health Application Fee of \$80.00

Please indicate that your application has included all of the abovementioned items

Should you have further queries relating to the requirements for hair dressing, please contact the City's Health Services on 9528 0315.

APPLICATIONS FOR BEAUTY THERAPY

Applications for beauty therapy require additional approval from the City's Health Services. Your application will be forwarded to Health Services and will be considered separately.

Please indicate if your application includes any of the following activities (please circle all that apply):-

Waxing	Yes/No
Manicures/Pedicures	Yes/No
Electrolysis	Yes/No
Permanent Eyebrow and Lip Lining	Yes/No
Shaving	Yes/No
Tattooing	Yes/No
Acupuncture	Yes/No
Ear Piercing/Body Piercing	Yes/No

Please note that your application will not be assessed unless the following information is provided:-

- Floor plan of each room used for beauty therapy, showing where all equipment is to be located (including beds, chairs, tables, benches, storage area, preparation area, hand wash basin, bins)
- Hand wash basin is to be shown on the floor plan. **The hand wash basin must be located in the same room that the beauty therapy procedure is undertaken.** It is not acceptable to use the hand wash basin in the bathroom. The hand wash basin must be operated hands-free, and supplied with warm running water out of a single tap, liquid soap and paper towels. If more than one room is being used for beauty therapy, then a hand wash basin must be located in each room.
- The type of flooring is to be shown on the plan. Flooring must be smooth, impervious to water, non-slip and easily cleanable. Carpet is not permitted.
- A cleaning schedule is to be included, showing how frequently the premises and the different equipment will be cleaned. An example cleaning schedule can be found on the Department of Health website (see link below)
- The health application fee of \$80.00

Please indicate that your application has included all of the abovementioned items. Yes

It is recommended that applicants are familiar with the Code of Practice for Skin Penetration Procedures. This can be viewed free of charge on the Department of Health website at:

www.public.health.wa.gov.au/3/709/2/skin_penetration.pm

Should you have further queries relating to the requirements for beauty therapy, please contact the City's Health Services on 9528 0315.

APPLICATION INFORMATION

This application must be completed and submitted to the City accompanied with the following:-

1. A fee of:-
 - Town Planning Fee of \$222; or where the home occupation has commenced \$222 plus, by way of penalty, \$444; and
 - For applications for hair dressing or beauty therapy, a Health Fee of \$80.

2. A site plan (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 the site;
 - the location, number, dimensions and layout of all car parking spaces intended to be provided;
 - 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, dimensions and design of any open storage or trade display area and particulars of the manner in which it is proposed to develop the same;
 - the nature and extent of any open space and landscaping proposed for the site;
 - existing and proposed walls and fences;
 - existing and proposed sealed areas;
 - the location and orientation of any proposed advertisements;
 - any other information that the Council can reasonably require to enable the application to be determined.

3. A floor plan of the residence to a scale of not less than 1:200, showing:-
 - the existing or proposed residence, including any proposed alterations;
 - the identification of areas to be used for the business; and
 - any other details required under the "Food Preparation", "Hair Dressing" or "Beauty Therapy" sections

4. Any other information required under the "Food Preparation", "Hair Dressing" or "Beauty Therapy" sections

If you have any questions regarding the completion of the application form, please contact the City's Planning Services on 9527 0748.

Advice to Applicants

The Application Details provided above must be as detailed and complete as possible. The City may contact applicants if any application details are too broad and require verbal clarification. The information you provide will be available for viewing by the public during advertising of the application and will assist the City in preparing conditions of Planning Approval, should approval be granted. Any additional information required to assess the application 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 9527 0748.