

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

Email: [customer@rockingham.wa.gov.au](mailto:customer@rockingham.wa.gov.au)

Dear Sir/Madam

**Proposed Home Occupation -**

*(e.g. CJ's Beauty Therapy, 123 Fitzgerald Street, Rockingham)*

I am writing to seek a planning exemption for my home occupation to operate from the above address. The following services will be offered:

These activities qualify as a Home Occupation.

I have completed the *Home Occupation Development Approval Exemption Request Form* and attach same to this letter, along with a floor plan showing the area of the dwelling to be used for the Home Occupation.

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

I 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.

If you have any queries, please contact the undersigned on

Yours sincerely

# HOME OCCUPATION DEVELOPMENT APPROVAL EXEMPTION REQUEST FORM



## PROPERTY ADDRESS OF HOME OCCUPATION

Lot No. \_\_\_\_\_ Diagram or Plan No. \_\_\_\_\_  
Street No. \_\_\_\_\_ Street Name: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Nearest Street Intersection: \_\_\_\_\_  
Title Encumbrances (eg. Easements, Restrictive Covenants) \_\_\_\_\_

## APPLICANT DETAILS (if different from owner)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The City of Rockingham is collecting your personal information to process an application for Development Approval Exemption under the Planning and Development (Local Planning Schemes) Regulations 2015. It may also be used for secondary purposes which would be reasonably expected.

We may share this information with other relevant government agencies in order to assess the application.

If you choose not to provide your personal information, we may not be able to process the application.

To access, correct or learn more about how we handle personal information please contact [privacy@rockingham.wa.gov.au](mailto:privacy@rockingham.wa.gov.au) or visit [rockingham.wa.gov.au/privacy](http://rockingham.wa.gov.au/privacy)

## HOME OCCUPATION DETAILS

*The details provided must be as detailed and complete as possible. The City may contact the Applicant if any details are too broad and/or require clarification.*

- ☐ The Applicant confirms that they are the operator of the Home Occupation and the on-site dwelling is their primary place of residence.
- ☐ The Applicant confirms that the Home Occupation does not employ any person not a member of the Applicant's household.
- ☐ The Applicant acknowledges that operating without the consent of the land owner is a personal risk assumed by the Applicant (operator).
- ☐ The Applicant has attached a floor plan, drawn to scale, of the area to be used for the Home Occupation, not exceeding 20m<sup>2</sup>.

1. Are you re-locating an existing Home Occupation to this address?  
If yes, previous address and approved Home Occupation details: \_\_\_\_\_  
\_\_\_\_\_
2. Description / type of proposed Home Occupation: \_\_\_\_\_  
\_\_\_\_\_
3. Proposed Days and Times of Operation: (fill in)
 

| Mon | Tues | Wed | Thurs | Fri | Sat | Sun | Public Holidays |
|-----|------|-----|-------|-----|-----|-----|-----------------|
|     |      |     |       |     |     |     |                 |
4. Is an advertising sign at the premises required?  
If yes, Height \_\_\_\_\_mm Width \_\_\_\_\_mm (**max. face size permitted 0.2m<sup>2</sup>**)
5. The retail sale, display or hire of goods of any nature is not permitted. Are internet and/or postal transactions proposed?
6. Does the business involve clients attending the premises?
- 6a. If yes, how many clients are anticipated each day? \_\_\_\_\_
- 6b. How many clients will be at the premises at any one time? \_\_\_\_\_  
*15 minute intervals between clients to be considered to manage car parking and noise impacts.*
7. 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, how many vehicles will be used in the business? \_\_\_\_\_  
When will the vehicles be at the premises? (Arrival/Departure times/days) \_\_\_\_\_  
\_\_\_\_\_  
Type of Vehicle \_\_\_\_\_ Size of Vehicle \_\_\_\_\_  
Tare Weight of Vehicle \_\_\_\_\_  
***Fueling, repair or maintenance of vehicles on site is not permitted.***
8. 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 \_\_\_\_\_  
\_\_\_\_\_
9. 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) \_\_\_\_\_  
\_\_\_\_\_

**If you have any questions regarding the completion of this form, please contact the City's Planning Services on 9528 0333.**

**OFFICE USE ONLY**

Acceptance Officer's Initials: \_\_\_\_\_ Date Received: \_\_\_\_\_

Parcel No. \_\_\_\_\_ Application No. \_\_\_\_\_

File No. \_\_\_\_\_