BUSINESS APPLICATION

Revised: November 2023



Town of Happy Valley-Goose Bay

212 Hamilton River Road P.O. Box 40 Station B, HV-GB A0P 1E0 Phone: (709) 896-3321

muntech@townhvgb.com

OFFICE ONLY:	PERMIT #: BA-	
Approved:	Date Received:	
Not Approved:	Application Fee:	

Refer to Development Regulation: Section 6.3

Section 1: Applicant and Property location					
Applicant		Property Street Address			
Email:		Application Type:	New Business	Amend Existing File \Box	
Mailing Address:		<u> </u>	Phone #(s)	:	
Contact Preference	OWNER (need proof of ownership)				
☐ Check here If this is a Business with No Fi	vad Addrass but	onoratos within Tow	n Roundarios		
Section 2: Project Information	neu Auuress, but	operates within row	ii bouiluaries		
Business Type/Description:					
Business Trade Name/Legal Name:					
Zone:	Land Use: Pe	ermitted Disc	retionary \square		
Home Based Business: Yes ☐ No ☐ (if Yes,	see Section 3)	Notices Required:			
Area of Building Used for Business: (attach fl	loor plan)				
Parking-Number of onsite spaces (attach site	plan)				
Number of Employees:	Is the business	siness registered with the government Provincial or Federal			
Full time: Part time:	Is it a Non-prof	it organization? Ye	es 🗆 No 🗆		
Hours of Operation:					
Referrals to Other Agencies (Service NL, etc):				
Will there be construction work? Yes□		separate Building Pe			
Will there be signage? Yes □ No □ Have you submitted Plan Review to Serviced	•	s, then a separate signor \square *if applicable		required.	
A Fire Life Safety Inspection to be completed		•		FPΩ via email	
FPO@townhvgb.com or Phone (709) 896-712			11 Oj. Contact the	TO VIA CITIAII	
Section 3: Home Based Businesses (Refer To					
	ME OCCUPATION (HOME OFFICE (N		
Will an Accessory Building be Used? Yes□ Does at least one employee normally inhabi		orage Only □ — Iv Yes□ No□	lanufacturing On	ly □ Both □	
Is there adequate Off-Street Parking Availab		Yes□ No□			
Will there be any odour, smoke dust or exce			es□ No□		
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est of my belief to the requirements of the					
cumstances connected with same, and th	_		•	-	
ecified herein or not. , I make this solem					
rce and effect as if made under oath.					
oplicant signature:			Date:		
operty Owner signature (if required)					
operty Owner signature (il required)			Date:		