

## Running a Business From Your Council House

# APPLICATION FORM

Before completing this form please make sure you have read and understood the guidance notes accompanying it. The completed form should be returned to [Housing\\_Hub@sandwell.gov.uk](mailto:Housing_Hub@sandwell.gov.uk).

| Section One   |  |     |     |     |     |     |     |     |
|---|--|-----|-----|-----|-----|-----|-----|-----|
| Tenant's Name   |  |     |     |     |     |     |     |     |
| Address of Property                                     | .....<br>.....<br>..... Post code .....  |     |     |     |     |     |     |     |
| Contact Tel Numbers                                     | Home.....<br>Mobile.....   |     |     |     |     |     |     |     |
| What type of business do you wish to operate            |  |     |     |     |     |     |     |     |
| What would be the hours of business operation           | From.....(am/pm)    To.....(am/pm)<br>Please tick the days you would be working<br><table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%;">Mon</td> <td style="width: 12.5%;">Tue</td> <td style="width: 12.5%;">Wed</td> <td style="width: 12.5%;">Thu</td> <td style="width: 12.5%;">Fri</td> <td style="width: 12.5%;">Sat</td> <td style="width: 12.5%;">Sun</td> </tr> </table> | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| Mon   | Tue  | Wed | Thu | Fri | Sat | Sun |     |     |
| Please supply details of the room(s) you would be using | .....<br>.....<br>.....<br>.....   |     |     |     |     |     |     |     |

|   |       |                      |    |
|---|-------|----------------------|----|
| Do you need to make any changes or alterations to your home to accommodate your business  |       | Delete as applicable |    |
|   |       | Yes                  | No |
| If yes, please provide full details:<br><br>(please remember to attach copies of any drawings or plans)                         | ..... |                      |    |
|   | ..... |                      |    |
|   | ..... |                      |    |
|   | ..... |                      |    |
|   | ..... |                      |    |
|   | ..... |                      |    |
| Do you require building regulations and/or planning permission for the business?  |       | Delete as applicable |    |
|   |       | Yes                  | No |
| Will you be employing or will anyone else not already resident in the house be working from your home                           |       | Delete as applicable |    |
|   |       | Yes .....            | No |
|   |       | number of people     |    |
| Would any machinery, equipment and/or hazardous substances be used in the running of a business                                 |       | Delete as applicable |    |
|   |       | Yes                  | No |
| If yes please provide full details of the machinery, equipment and/or hazardous substances to be used                           | ..... |                      |    |
|   | ..... |                      |    |
|   | ..... |                      |    |
|   | ..... |                      |    |
|   | ..... |                      |    |
| Will you be using any oxygen, acetylene or other flammable gas bottles or storing any large quantities of dangerous substances? |       | Delete as applicable |    |
| If yes please provide details:  |       | Yes                  | No |
| Will you display any signs or notice boards about the business on/in the property?  |       | Delete as applicable |    |
| If yes please provide details:  |       | Yes                  | No |
| Will you be operating any vehicles from your home other than your family car  |       | Delete as applicable |    |
|   |       | Yes                  | No |
| If yes, please specify how many and the type of vehicles you will be using  | ..... |                      |    |

|   |   |    |
|---|---|----|
|   | .....<br>.....  |    |
| Will customers and/or clients be visiting your home   | Delete as applicable  |    |
|   | Yes   | No |
| If yes, please provide details of anticipated numbers, the frequency of visit and during what hours | .....<br>.....  |    |
|   | From .....(am/pm) To .....(am/pm)                               |    |
| Will goods be delivered to the premises   | Delete as applicable  |    |
|   | Yes   | No |
| If yes, what is the anticipated frequency and size of delivery vehicle                              | ..... times per day/week/month<br>(Please delete as applicable) |    |
|   | ..... Vehicle size  |    |

**DECLARATION BY TENANT(S) SUBMITTING APPLICATION**

Please note that this declaration needs to be signed by all parties making the application.

If a tenancy is held in joint names but the application is from one tenant only the other person named on the tenancy document must give permission for the application to be made and confirm Agreement to use of the house as proposed.

I declare that the information given on this form is a true representation of the business intended to be run from my home. I agree to conduct my business, if permission is granted, within the terms of my tenancy and any other conditions stipulated by the Council in the grant of that permission.

I agree to notify Sandwell Metropolitan Borough Council if the information provided in my application changes.

|                           |  |
|---------------------------|--|
| Signature of applicant(s) |  |
| Date                      |  |

## DECLARATION BY TENANT NOT SUBMITTING APPLICATION

I..... being the joint tenant confirm that I have no objection to ..... making an application and, if approved, using our home for the business proposed.

|                     |  |
|---------------------|--|
| Signature of Tenant |  |
| Date                |  |

## FOR LOCAL OFFICE USE ONLY – INSPECTION REPORT

|  |                      |    |
|--|----------------------|----|
| Date and time of visit arranged with the tenant:   |                      |    |
| Is the nature/size of the business acceptable?   | Delete as applicable |    |
|  | Yes                  | No |
| Is the property suitable for the business or does it reduce the amenities within the property?                                   | Delete as applicable |    |
|  | Yes                  | No |
| Will the business adversely impact upon the neighbourhood and environment?   | Delete as applicable |    |
|  | Yes                  | No |
| Will the nature of the business conflict with any of the conditions of the Tenancy Agreement?                                    | Delete as applicable |    |
|  | Yes                  | No |
| Will the business be covered under Control of Substances Hazardous to Health or Provision and Use of Work Equipment Regulations? | Delete as applicable |    |
|  | Yes                  | No |
| Will the business cause unreasonable disruption or risk to communal areas?   | Delete as applicable |    |
|  | Yes                  | No |
| Will the business present a risk or danger to the tenant or other members of the public?   | Delete as applicable |    |
|  | Yes                  | No |
| Will the business present any risk or danger to the property or neighbouring property?   | Delete as applicable |    |
|  | Yes                  | No |
| Is the business likely to cause a nuisance or annoyance to neighbours?   | Delete as applicable |    |
|  | Yes                  | No |
| Comments regarding application, if any.  |                      |    |

|  |  |      |
|--|--|------|
|  |  |      |
| Name of Officer Visiting Tenant (please print) |  |      |
| Signature of Officer                           |  | Date |

**PLEASE SEND THIS FORM TO THE PROPERTY SERVICES TEAM FOR FURTHER ADVICE**

|   |                      |                |  |
|---|----------------------|----------------|--|
| Property Services Team Officer Name                             |                      | Date Received: |  |
| <b>PROPERTY SERVICES CHECKLIST</b>                              |                      |                |  |
| Are business rates applicable?                                  | Delete as applicable |                |  |
| Comments:   | Yes                  | No             |  |
| Are building regulations and/or planning permission required?   | Delete as applicable |                |  |
| Comments:   | Yes                  | No             |  |
| Is there any additional requirements from environmental health? | Delete as applicable |                |  |
| Comments:   | Yes                  | No             |  |
| Is a rent increase required?                                    | Delete as applicable |                |  |
| Comments:   | Yes                  | No             |  |
| Additional comments and recommendations:                        |                      |                |  |
|   |                      |                |  |
| Signature of Officer  |                      | Date           |  |