

To fill out this form on your computer, please save it and open it using [Adobe Acrobat Reader](#). (Available for free.)

Roll # \_\_\_\_\_

DP # \_\_\_\_\_

Property Address		
Lot	Block	Plan
Project Description		
Name of Applicant	Tel Fax	Cell
Address of Applicant		Postal Code
E-mail		
Name of REGISTERED OWNER	Tel Fax	Cell
Address of REGISTERED OWNER		Postal Code
Estimated Value of Project	Commencement Date (Estimated)	Completion Date (Estimated)
<b>OFFICE USE ONLY</b> Development Permit App Fee \$ _____ Receipt # _____ Security Bond in the amount of \$ _____ provided by: <input type="checkbox"/> Letter of Guarantee Dated _____ OR <input type="checkbox"/> Receipt # _____		

The following information is necessary to enable a thorough evaluation and timely decision on your application.  
**Applicants are required to fill in the column, "Applicant".**

Office	Applicant	Required Items
<input type="checkbox"/>	<input type="checkbox"/>	1. Current copy of CERTIFICATE OF TITLE (within 3 months)
<input type="checkbox"/>	<input type="checkbox"/>	2. OWNER AUTHORIZATION FORM (if the applicant is not the owner of the property)
<input type="checkbox"/>	<input type="checkbox"/>	3. APPLICATION FEE
<input type="checkbox"/>	<input type="checkbox"/>	4. DEVELOPMENT SECURITY (if required)
<input type="checkbox"/>	<input type="checkbox"/>	5. UTILITY EXCAVATION PERMIT (if required)
<input type="checkbox"/>	<input type="checkbox"/>	6. SITE PLAN
<input type="checkbox"/>	<input type="checkbox"/>	a) North arrow
<input type="checkbox"/>	<input type="checkbox"/>	b) Property address
<input type="checkbox"/>	<input type="checkbox"/>	c) Legal description (Lot, Block, Plan)
<input type="checkbox"/>	<input type="checkbox"/>	d) Property lines and property dimensions
<input type="checkbox"/>	<input type="checkbox"/>	e) Label adjacent streets and lanes
<input type="checkbox"/>	<input type="checkbox"/>	f) Foundation outline of any structure
<input type="checkbox"/>	<input type="checkbox"/>	g) Height of buildings or structure
<input type="checkbox"/>	<input type="checkbox"/>	h) Front, side and rear setback distances of buildings or development

Office	Applicant	Required Items
<input type="checkbox"/>	<input type="checkbox"/>	i) Parking areas including the width and length of stalls, driveways, etc.
<input type="checkbox"/>	<input type="checkbox"/>	j) Lot grades and stormwater management plan (if required)
<input type="checkbox"/>	<input type="checkbox"/>	k) Landscaping plan (if required)

Please provide a written submission describing the proposed development.

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The Development Authority may require additional material considered necessary to properly evaluate the proposed development.

I hereby make application under the provisions of the Town of Olds Land Use Bylaw 01-23 for a Development Permit in accordance with the plans and supporting information submitted herein and which form part of this application.

\_\_\_\_\_  
Name of APPLICANT (Please Print)

\_\_\_\_\_  
Signature of APPLICANT

\_\_\_\_\_  
DATE

Please e-mail completed form to [planning@olds.ca](mailto:planning@olds.ca)

**PLEASE PRINT**

DP # \_\_\_\_\_

Property Address:

Lot

Block

Plan

I hereby certify I am the Registered Owner **or** Agent authorized to act on behalf of the registered owner(s) of the above stated property.

\_\_\_\_\_  
Name of ☐ Registered Owner / ☐ Agent

\_\_\_\_\_  
Signature of ☐ Registered Owner / ☐ Agent

\_\_\_\_\_  
Date

**IF ABOVE SECTION IS NOT SIGNED BY A REGISTERED OWNER, THE SECTION BELOW MUST BE COMPLETED:**

☐ I/we authorize the above named Agent to act on our behalf in submission of this Application.

\_\_\_\_\_  
Name of Registered Owner

\_\_\_\_\_  
Name of Registered Owner

\_\_\_\_\_  
Signature of Registered Owner

\_\_\_\_\_  
Signature of Registered Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please Note:**

- A registered owner is required to sign.
- Form must be submitted with original signatures.
- If Registered Owner or Agent is a corporation, signed documentation showing names of those who have signing authority for the corporation must also be submitted.

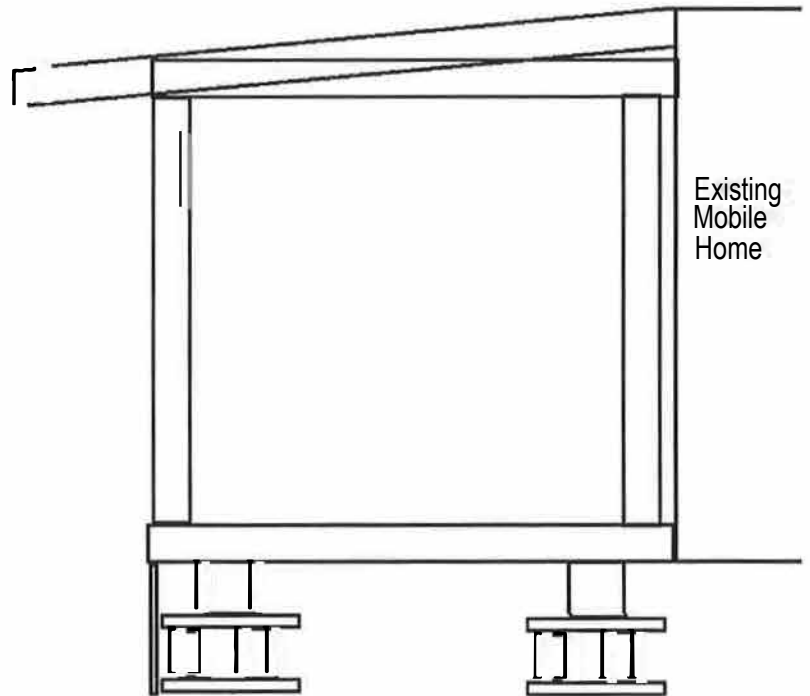
# BUILDING PERMIT APPLICATION

BP Fee \$ _____	Receipt# _____
SCC Fee \$ _____	Roll # _____
<b>TOTAL</b> \$ _____	

Building Permit #	Application Date
<b>Project Location:</b> Civic Address _____ Lot _____ Block _____ Plan _____	
<b>Applicant</b> _____ Daytime Phone _____ Mailing Address _____ City/Town _____ Postal Code _____ Email _____	
<b>Owner/ Prospective Owner</b> _____ Daytime Phone _____ Mailing Address _____ City/Town _____ Postal Code _____ Email _____	
<b>Contractor</b> _____ Contact Person: _____ Daytime Phone _____ Mailing Address _____ City/Town _____ Postal Code _____ Email _____	
<b>Name of Architect/ Engineer</b> (if applicable) _____	
<b>Occupancy Type:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other _____ <b>Type of Work:</b> <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Foundation <input type="checkbox"/> Garage / Shed / Carport <input type="checkbox"/> Wood Burning Appliance <input type="checkbox"/> Other _____	
<b>Building Area Ft²:</b> _____ <b>Basement Development Ft²</b> _____ <b>Number of Stories</b> _____	
<b>Description of Work:</b> _____ _____ _____	
Value of Material & Labour \$ _____	
<b>Permit Applicant Declaration:</b> The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety codes Act and Regulations and work will commence within 90 days. <b>APPLICANT</b> _____ <b>APPLICANT</b> _____ <b>NAME</b> _____ <b>SIGNATURE</b> _____	
The personal information requested on this form is being collected for the purpose of processing your application and is governed, authorized and protected by the Freedom of Information and Protection of Privacy Act (FOIP). By providing this information, you consent to its use for the above purposes. If you have any questions with respect to the collection or release of this information, please contact the Town of Olds FOIP Coordinator at (403) 556-6981.	
<b>Permit Validation Section:</b> Special Conditions: _____ General Conditions: _____ This Permit expires if the construction to which it applies: - Is not commenced within 90 days from the date of issue of the permit, - Is suspended or abandoned for a period of 120 days, or - Is in respect of a seasonal use residence and the construction is suspended or abandoned for a period of 240 days after the construction is started.	
<div style="text-align: right;">           AB New Home Warranty <input type="checkbox"/>            (If applicable)         </div> <div style="text-align: right;"> <b>Email: <a href="mailto:planning@olds.ca">planning@olds.ca</a></b>  <b>Phone: 403-507-4806</b> </div>	
Issuing S.C.O. Name	S.C.O. Designation #
S.C.O. Signature	Date of Issue

# Manufactured Home Additions

	<b>Roof</b>
Roofing	_____
Roof Sheathing	_____
Rafters	_____
	<b>Walls</b>
Wall Sheathing	_____
Studs Insulation	_____
Vapour Barrier	_____
Wall finish	_____
	<b>Ceiling</b>
Insulation	_____
Ceiling Joist	_____
Vapour Barrier	_____
Ceiling finish	_____
	<b>Floor</b>
Underlay	_____
Subfloor	_____
Floor Joist	_____ at _____ on center



Beam	_____
Blocking	_____
Skirting	_____