

**DEVELOPMENT PERMIT  
ACCESSORY RESIDENTIAL BUILDING  
(Urban Hens)**

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

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

Property Address	Number Of Hens (Maximum of 6)		
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	
OFFICE USE ONLY			
Development Permit App Fee \$ _____ Receipt # _____			

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 (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. SITE PLAN <ul style="list-style-type: none"> <li>a) Property Lines</li> <li>b) Outline of foundation of accessory building (urban hen coop)</li> <li>c) Front, side, and rear setbacks dimensioned from accessory building to property line.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	5. ELEVATION DRAWINGS / BUILDING <ul style="list-style-type: none"> <li>a) Dimension of purposed building (urban hen coop)</li> <li>b) Location of building</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	6. ALBERTA PREMISES IDENTIFICATION PROGRAM (PID) <ul style="list-style-type: none"> <li>a) As part of the Animal Health Act, owners of hens must register with the Animal Premise Identification Program <a href="http://www.alberta.ca/register-with-the0animal-premises-identificationprogram.aspx">http://www.alberta.ca/register-with-the0animal-premises-identificationprogram.aspx</a> to obtain a premise identification number for urban hens.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	7. URBAN HEN KEEPING COURSE <ul style="list-style-type: none"> <li>a) A certificate or documentation stating the completion of this course must be provided to process this application.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	8. FINANCE <ul style="list-style-type: none"> <li>a) Animal License Fee has been paid by applicant</li> <li>b) Letter / License Printed and obtained by applicant</li> </ul>

<input type="checkbox"/>	<input type="checkbox"/>	9. Municipal Enforcement a) Informed of Animal License for Urban Hens
--------------------------	--------------------------	--

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".**

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

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

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

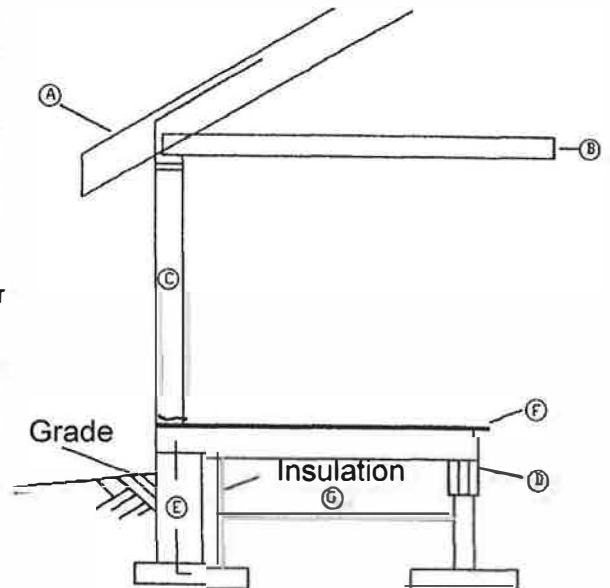
\_\_\_\_\_  
 DATE

# 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> _____ _____ _____ <b>Value of Material &amp; Labour \$</b> _____			
<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 NAME</b> _____ <b>APPLICANT 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)   <b>Email: planning@olds.ca</b>  <b>Phone: 403-507-4806</b> </div>			
Issuing S.C.O. Name	S.C.O. Designation #	S.C.O. Signature	Date of Issue

- A. Roof**  
 Roof Material \_\_\_\_\_  
 Roof Sheathing \_\_\_\_\_  
 Rafters \_\_\_\_\_ x \_\_\_\_\_ Spacing \_\_\_\_\_  
 or Engineered Trusses \_\_\_\_\_ Spacing \_\_\_\_\_
- B. Ceiling**  
 Insulation \_\_\_\_\_  
 Vapour Barrier \_\_\_\_\_  
 Ceiling Joist \_\_\_\_\_ x \_\_\_\_\_ Spacing \_\_\_\_\_  
 Ceiling Material \_\_\_\_\_
- C. Walls**  
 Double top plate (✓) ☐  
 \_\_\_\_\_ x \_\_\_\_\_ Studs at \_\_\_\_\_ on center  
 Single bottom plate (✓) ☐  
 Insulation \_\_\_\_\_  
 Vapour Barrier \_\_\_\_\_  
 Wall Sheathing \_\_\_\_\_  
 Exterior wall finish \_\_\_\_\_  
 Interior finish \_\_\_\_\_
- D. Beam**  
 \_\_\_\_\_ x \_\_\_\_\_ ply \_\_\_\_\_ x \_\_\_\_\_ species  
 Supported at \_\_\_\_\_ on center  
 \_\_\_\_\_ columns  
 \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ footing
- E. Foundation**  
 \_\_\_\_\_ inch Concrete foundation wall at least \_\_\_\_\_ ft. below grade  
 Footing \_\_\_\_\_ wide \_\_\_\_\_ thick
- F. Floor**  
 \_\_\_\_\_ underlay \_\_\_\_\_ sub floor  
 \_\_\_\_\_ x \_\_\_\_\_ Joist at \_\_\_\_\_ on center Species Bridging at 7' on center
- G. Crawl Space**  
 2" sand on 6 mil poly or equal (✓) ☐  
 Ventilation \_\_\_\_\_  
 Insulation \_\_\_\_\_



Comments: