

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

DP # _____

Name of APPLICANT		Phone	
Address of APPLICANT			Postal Code
E-mail			
Name of REGISTERED OWNER (if different from Applicant)		Phone	
Address of REGISTERED OWNER			Postal Code

MURAL PROJECT INFORMATION

Processing of an application will NOT commence until all of the required items have been provided.

Civic Address where Mural is to be located:	Lot	Block	Plan	Land Use District
Description of Proposed Mural (imagery / design)				
Brief Interpretation/Concept of Proposed Mural				
Dimensions of Mural	Estimated Commencement Date		Estimated Completion Date	

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.

Signature of APPLICANT

Name of APPLICANT (Please Print)

DATE

OFFICE USE ONLY	
Development Permit Application Fee \$ 100.00	Receipt # _____
Public Art Advisory Committee Review Date: _____	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
The personal information on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used in order to process this form. Please forward questions or concerns to the FOIP Coordinator at 4512 46 Street, Olds, AB T4H 1R5. Phone 403-556-6981, Fax 403-556-6537, or email FOIP@olds.ca	

Mural Permit Application – CHECKLIST

- ☐ **Mural Permit Application**
 - All information must be filled in.
 - Owner Authorization form must be completed & accompany application if the applicant is not the property owner.
- ☐ **Site Plan**
 - Surveyor's site plan or legible site plan must be submitted showing:
 - Legal description of property and municipal address
 - Arrow indicating direction of North
 - Property lines
 - Location of existing buildings and structures
 - Proposed location of mural (wall location)
 - Other pertinent information as applicable
- ☐ **Drawing/concept or photo of proposed mural** showing dimensions (height and width), design concept/content, and materials used to create.
- ☐ **Interpretation** – a brief synopsis of the meaning behind the mural
- ☐ **Certificate of Title**
 - Current within 30 days of application (Certificates of Title may be obtained from any Alberta Registry office or the Town can order the Title for a cost of \$10)
- ☐ **Permit Fee**

The Development Officer may require further information to process your application.

PERMIT CONDITIONS UNDER THE TOWN OF OLDS LAND USE BYLAW:

1. The issuance of a Mural Permit (Development Permit) in accordance with the Notice of Decision is subject to the condition that it does not become effective until 21 days after the date the Permit is issued.
2. The Town of Olds Land Use Bylaw provides that any person claiming to be affected by a decision of the Development Officer may appeal to the Subdivision & Development Appeal Board (SDAB) by serving written notice of appeal to the Secretary of the SDAB within 21 days after the date the Development Permit is issued.
3. Any development proceeded with by the Applicant prior to the expiry of the 21 day period is done solely at the risk of the Applicant.
4. The Permit is effective for a period of 12 months from the date of its issue OR the date of decision of the SDAB confirming it. If, at the expiry of this period, the development has not been commenced or carried out with reasonable diligence as determined by the Development Officer, this Permit shall cease to be effective, unless an extension to this period, being no longer than an additional 12 months, has previously been given by the Development Officer.
5. The applicant is not excused from complying with the requirements of any federal, provincial or other municipal legislation, or the conditions of any easement, covenant, building scheme or agreement affecting the building or land.

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.