

Please e-mail completed form to planning@olds.ca

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) |
| OFFICE USE ONLY 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.

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

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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.

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