

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

DP # _____

Property Address	Lot	Block	Plan
Applicant		Tel Fax	Cell
Address of Applicant			Postal Code
Email			
Registered Owner		Tel	Cell
Address of Registered owner			Postal Code
OFFICE USE ONLY Development Permit Application Fee: \$200.00 Receipt# _____ Municipal Planning Commission Meeting Date: _____			

See the Land Use Bylaw 01-23 for regulations: Schedule B: Section 6(13) Secondary Suites

The following questions are to be completed by the Applicant:

- Where is the proposed suite to be located? _____
- What is the total area of the proposed suite? _____ m² or ft²
- What is the total floor area of the detached dwelling (both main and basement floors)?
_____ m² or ft²
- Will the proposed suite have a separate entrance? _____
- How many off-street parking stalls do you have on your property? _____

Office	Applicant	Required Items
☐	☐	1. Current copy of CERTIFICATE OF TITLE (within 3 months)
☐	☐	2. OWNER AUTHORIZATION (if the applicant is not the owner of the property)
☐	☐	3. APPLICATION FEE
☐	☐	4. SITE PLAN (an existing Real Property Report can be used) showing: a) Off-street parking b) Entrance to proposed secondary suite

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

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 # _____
TOTAL \$ _____	

Building Permit #	Application Date				
Project Location: Civic Address _____ Lot _____ Block _____ Plan _____					
Applicant _____ Daytime Phone _____ Mailing Address _____ City/Town _____ Postal Code _____ Email _____					
Owner/ Prospective Owner _____ Daytime Phone _____ Mailing Address _____ City/Town _____ Postal Code _____ Email _____					
Contractor _____ Contact Person: _____ Daytime Phone _____ Mailing Address _____ City/Town _____ Postal Code _____ Email _____					
Name of Architect/ Engineer (if applicable) _____					
Occupancy Type: ☐ Residential ☐ Commercial ☐ Industrial ☐ Institutional ☐ Other _____ Type of Work: ☐ New Construction ☐ Addition ☐ Renovation ☐ Demolition ☐ Foundation ☐ Garage / Shed / Carport ☐ Wood Burning Appliance ☐ Other _____ Building Area Ft²: _____ Basement Development Ft² _____ Number of Stories _____ Description of Work: _____ _____ _____ Value of Material & Labour \$ _____					
Permit Applicant Declaration: 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. APPLICANT NAME _____ APPLICANT SIGNATURE _____					
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.					
Permit Validation Section: 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. ☐ _____ AB New Home Warranty ☐ (If applicable) Email: planning@olds.ca Phone: 403-507-4806 <table border="0" style="width: 100%;"> <tr> <td>Issuing S.C.O. Name</td> <td>S.C.O. Designation #</td> <td>S.C.O. Signature</td> <td>Date of Issue</td> </tr> </table>		Issuing S.C.O. Name	S.C.O. Designation #	S.C.O. Signature	Date of Issue
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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

Please ensure your application is complete before submitting.