

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? \_\_\_\_\_ m<sup>2</sup> or ft<sup>2</sup>
- What is the total floor area of the detached dwelling (both main and basement floors)?  
\_\_\_\_\_ m<sup>2</sup> or ft<sup>2</sup>
- Will the proposed suite have a separate entrance? \_\_\_\_\_
- How many off-street parking stalls do you have on your property? \_\_\_\_\_

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 (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				
<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 Ft<sup>2</sup>:</b> _____ <b>Basement Development Ft<sup>2</sup></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. <input type="checkbox"/> _____ <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> <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
Issuing S.C.O. Name	S.C.O. Designation #	S.C.O. Signature	Date of Issue		



## OWNER AUTHORIZATION

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.**