

DEVELOPMENT PERMIT

DECK - COVERED, UNCOVERED OR ENCLOSED APPLICATION

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

DP# _____

Property Address				<input type="checkbox"/> Uncovered <input type="checkbox"/> Covered <input type="checkbox"/> Enclosed	
Lot	Block	Plan	Dimensions of Deck		Height of Deck
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 \$ 100.00 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) and copy of any REGISTERED UTILITY RIGHT OF WAY, EASEMENT AGREEMENT or CAVEAT by the Town
<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 FEES
<input type="checkbox"/>	<input type="checkbox"/>	4. SITE PLAN, (a Real Property Report can be used) showing:
<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
<input type="checkbox"/>	<input type="checkbox"/>	e) Label streets and lanes
<input type="checkbox"/>	<input type="checkbox"/>	f) Utility rights-of-way and easements
<input type="checkbox"/>	<input type="checkbox"/>	g) Foundation outline of the dwelling, outline of the eaves and any other projections (e.g. cantilevers)
<input type="checkbox"/>	<input type="checkbox"/>	h) Setbacks from dwelling dimensioned to the two closest property lines
<input type="checkbox"/>	<input type="checkbox"/>	i) Outline of all proposed and existing decks and structures with dimensions indicating size and height above ground and/or height of roof or cover over deck
<input type="checkbox"/>	<input type="checkbox"/>	j) Outline of all other buildings and structures on the property (with dimensions to property lines)

For your information:

If your intent is to cover the deck with a roof in the future, the Development Authority may require additional material to properly evaluate the proposed development. In addition to a Development Permit Application, a **Building Permit Application** submitted with an **Uncovered Deck Construction Details** form and/or **Additions** form is required.

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

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:

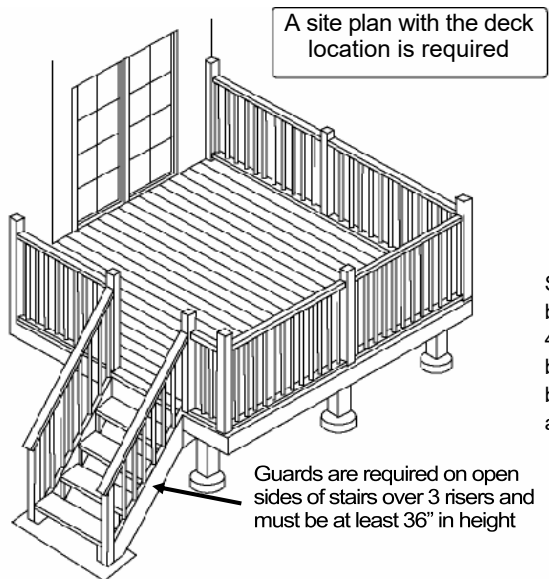
- A registered owner is required to sign.
- Form must be submitted with original signatures.
- If Registered Owner or Agent is a corporation, signed documentation showing names of those who have signing authority for the corporation must also be submitted.

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: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other _____ Type of Work: <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 _____ 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. <input type="checkbox"/> _____ <div style="text-align: right;"> AB New Home Warranty <input type="checkbox"/> (If applicable) </div> <div style="text-align: right;"> Email: planning@olds.ca Phone: 403-507-4806 </div>			
Issuing S.C.O. Name	S.C.O. Designation #	S.C.O. Signature	Date of Issue

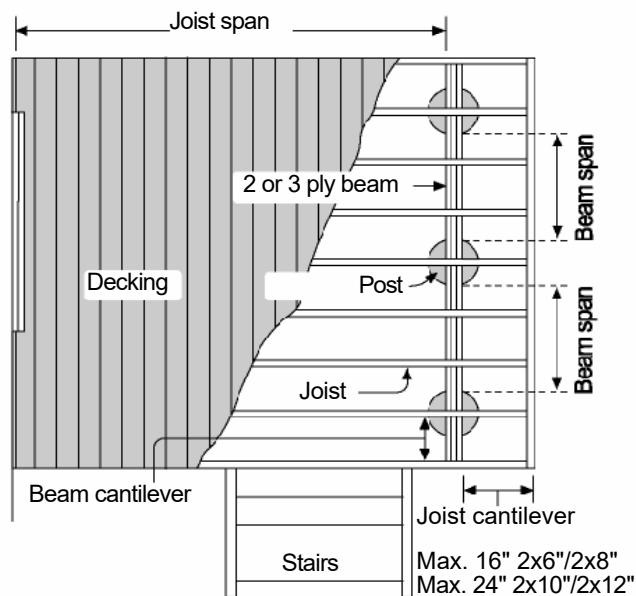
Decks less than 24" (600 mm) above ground do not require permits
Treated lumber or acceptable coating is required for all decks.



Space must be less than 4" (100 mm) between bottom rail and deck

Guards are required on open sides of stairs over 3 risers and must be at least 36" in height

Framing Details



Deck Construction Details

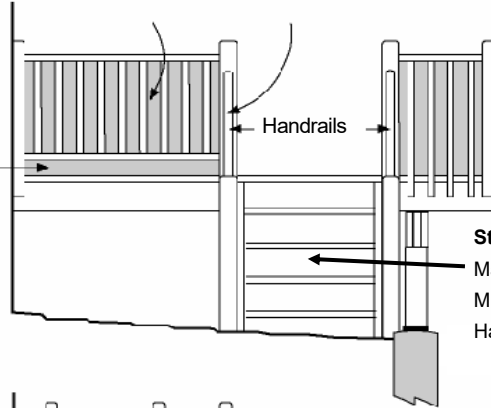
1. Deck floor above ground height: _____
2. Post size: _____
3. Joist size and spacing: _____
4. Beam size and post spacing: _____
5. Foundation type and depth: _____

Guardrail Designs

Space must be less than 4" (100 mm)

Handrail must be smooth and easily

Decks over 4.2 m in height must have non climbable guards



Guard height to be 36" (900 mm) for decks up to 6' (1.8 m) above ground.

Decks higher than 6' (1.8 m) require 42" guard.

Stairs

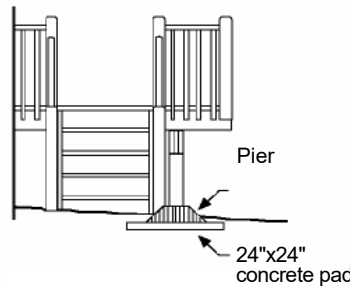
Maximum rise = 200 mm (7-7/8")

Minimum step/tread = 280 mm (11")

Handrail height 32: to 38" (800-965 mm)

Foundation Options

- Cast in place piles, minimum 254 mm (10" in) diameter and below frost level .
- Concrete pad footing below frost and pier.
- Surface foundations are acceptable where experience with local soil conditions have proven satisfactory and deck height does not exceed 1.2 m (4 feet)



MAXIMUM FRAMING SPANS

Joist (S-P-F)	16" (400 mm) o.c.	24" (600 mm) o.c.
2" X 6" (38x140)	9' 1" (2.78 m)	8' 0" (2.43 m)
2" x 8" (38x184)	12' 0" (3.65 m)	10' 2" (3.09 m)
2" x 10" (38x235)	15' 2" (4.62 m)	12' 5" (3.78 m)
Post Spacing	Joist Span	Beam (S-P-F)
6'0" (1.8 m)	8'0" (2.4 m)	2 - 2" x 6" (38x140)
	9'0" (2.7 m)	2 - 2" x 6" (38x140)
	10'0" (3.0m)	2 - 2" x 6" (38x140)
	11'0" (3.3 m)	2 - 2" x 6" (38x140)
	12'0" (3.7 m)	2 - 2" x 6" (38x140)
	14'0" (4.3 m)	2 - 2" x 6" (38x140)
8'0" (2.4 m)	8'0" (2.4 m)	2 - 2" x 8" (38x184)
	9'0" (2.7 m)	2 - 2" x 8" (38x184)
	10'0" (3.0m)	2 - 2" x 8" (38x184)
	11'0" (3.3 m)	2 - 2" x 8" (38x184)
	12'0" (3.7 m)	2 - 2" x 10" (38x235) or 3 - 2" x 8" (38x184)
	14'0" (4.3 m)	2 - 2" x 10" (38x235) or 3 - 2" x 8" (38x184)