

DEVELOPMENT PERMIT ACCESSORY RESIDENTIAL BUILDING APPLICATION

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

OFFICE USE ONLY				
Roll # _____			DP # _____	
Property Address			Project Description	
Lot	Block	Plan		
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 \$ _____ Security \$ _____ 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 (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. SECURITY DEPOSIT (for garages)
<input type="checkbox"/>	<input type="checkbox"/>	5. 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
<input type="checkbox"/>	<input type="checkbox"/>	e) Utility rights-of-way and easements
<input type="checkbox"/>	<input type="checkbox"/>	f) Foundation outline of the accessory building and the outline of eaves
<input type="checkbox"/>	<input type="checkbox"/>	g) Front, side and rear setbacks dimensioned from accessory building to property lines
<input type="checkbox"/>	<input type="checkbox"/>	h) Outline of dwelling and other buildings on property (including dimensions to property lines)

<input type="checkbox"/>	<input type="checkbox"/>	i) Parking areas including the width and length of all stalls, driveways, etc.
<input type="checkbox"/>	<input type="checkbox"/>	j) Location and length of driveway between the building and the lane; or the building and the roadway; including the distance to back of sidewalk (where applicable).
<input type="checkbox"/>	<input type="checkbox"/>	k) Garage slab grade, property line grade and driveway slope
<input type="checkbox"/>	<input type="checkbox"/>	l) Adjacent streets and lanes
<input type="checkbox"/>	<input type="checkbox"/>	m) Location of utility poles and guy wires, transformer boxes, hydrants, light standards on or adjacent to the site
<input type="checkbox"/>	<input type="checkbox"/>	6. ELEVATION DRAWINGS / BUILDING PLANS (see Accessory Building Detail Sheet)
<input type="checkbox"/>	<input type="checkbox"/>	a) Dimensions of proposed building
<input type="checkbox"/>	<input type="checkbox"/>	b) Location of all doors and windows
<input type="checkbox"/>	<input type="checkbox"/>	c) Height from grade to the top of roof
<input type="checkbox"/>	<input type="checkbox"/>	d) Exterior finishing materials and roofing materials

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 **Accessory Building Detail Sheet** or **2 sets of Building Plans** 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

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

Accessory Building Detail Sheet

Please indicate type of accessory building:

- ☐ Detached Garage
☐ Detached Shed

(To be completed as fully as possible, and attached to the Building Permit Application form)

1. The building will be located in the (municipality) _____
2. Legal Description of the land LT____ BLK____ PLAN____
____SEC____,TWP____,RGE____, W__M
3. Draw plot plan in the on the back or attach to back, include the distance to other buildings, lot lines, and roads.
Show the location of all doors and windows.
4. Is the building a "package"? Y/N.
If yes then the supplier is _____

EXAMPLE ROOF

Asphalt Shingles
3/8" waferboard complete with "H" clips
Manufactured trusses at 24" on center
insulation (not required)
1/2" gyproc ceiling (not required)

YOUR ROOF

EXAMPLE WALL

Exterior finish (ie Stucco)
3/8" plywood sheathing
2x4 wall studs at 24" on center
Double top Plates
Single bottom plate
1/2" Dia. Anchor Bolts at 8' O.C.
insulation (not required)
1/2" gyproc on walls(not required)

YOUR WALLS

Exterior to weatherproof complete with flashing over all changes in material.

* specify garage door size and header size _____

* A swinging walk in door is required.

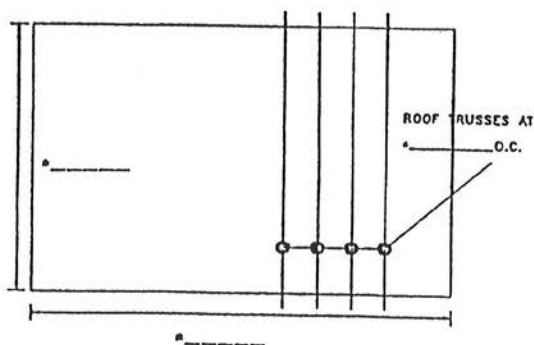
EXAMPLE FOUNDATION

compacted granular fill
4" concrete slab
Thickened on edges to 6" above grade

Your Foundation

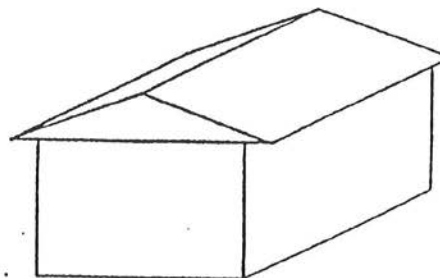
OTHER INFORMATION ABOUT YOUR DETACHED GARAGE

PLAN VIEW
SHOW DOOR LOCATIONS



WALL FRAMING DETAILS

SHOW: DOOR LOCATIONS & DIMENSIONS
WINDOW LOCATIONS & DIMENSIONS



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.