

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

DP # _____

Business License # _____

<input type="checkbox"/> Day Home – Limited				<input type="checkbox"/> Day Care – Neighbourhood		<input type="checkbox"/> Day Care - Commercial	
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 App Fee \$ _____ Receipt # _____							

See the Land Use Bylaw for regulations: Section 6(1) Day Cares

The following questions are to be completed by the Applicant:

- What will the hours of operation be? _____
- What days of the week will you operate? _____
- How many off-street parking stalls do you have on the property?
- Will you be hiring employees? ☐ Yes ☐ No
If yes, indicate how many employees other than yourself: _____
If home based, do these employees live at your home? ☐ Yes ☐ No
- Will there be signage? ☐ Yes ☐ No If yes please provide details.
*Note: Maximum size of 0.4m² (4 ft²) is allowed in residential Day Cares.

- How many children will be attending the Day Care? _____
- Is there an on-site outside play area? ☐ Yes ☐ No
If yes, is the area fenced? ☐ Yes ☐ No
- Are there any other accessory uses (such as a Home Occupation) operating from this property?
☐ Yes ☐ No If yes please provide details.

Other items required:

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 off-street parking stalls

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

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

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.