## **DRIVEWAY / PARKING PAD/ CURB CUT APPLICATION**



4512 - 46 Street Olds AB T4H 1R5 Main: 403.556.6981 Fax: 403.507.4856 Email: planning@olds.ca

DATE

Date		DP#			
Name of Applicant					
Property Address		Lot	Block	Plan	
Name of Property Owner _					
Address			Postal Code		
Phone (Home)	(Cell)	E	mail		
The applicant must p driveway/parking pa Note: For maximum	d and/or curb cut loc	ation and dime	nsions.		
<ul> <li>The result of the site application.</li> <li>After receiving the Ir by a Town approved</li> <li>The contractor hired guidelines outlined by guarantee.</li> <li>A \$1000.00 Security</li> </ul>	Upon receipt of the cometermine if the curb cut cate inspection will be commenspection Report, if the Appendix Property of the Commensurate Pro	unicated to the Applicant wishes to ut to the Town's detractor is to clearly the Town of Olds	plicant within five of proceed with the casign and standard stamp their (name supply)	(5) working days aft curb cut, he/she will s which includes for & year). This stand	er receipt of the get a quote done lowing thickness ard is a 2-year y Deposit shall be
<ul><li>approval. A gravel, shale is not hard surfaced.</li><li>A \$1000.00 Security</li></ul>	d Applications: If applications or similar surfaced driver  Deposit shall be paid to icant upon completion of	way pad is NOT a	cceptable unless in s upon permit appli	n the rear or side ya	y Deposit shall be
nereby make application userordance with the plans a					
Name of APPLICANT (I	Please Print)				

Updated: August 5, 2022

Signature of APPLICANT

OFFICE USE ONLY							
Development Permit Application Fee \$100 Receipt							
Development Security in the amount of \$1000 provided by:							
□ Letter of Guarantee Dated OR □ Receipt #							
Curb Cut Permitted: Yes No	Date of Pre-Curb Cut Inspection	Inspected by					
	Date of Final Curb Inspection	Inspected by					
Curb Cut Fees Paid \$	Receipt #	Date					
Curb cut 1-32-00-120-00							

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 FOIPP Coordinator at 4512 46 Street, Olds, AB T4H 1R5. Phone 403-556-6981, Fax 403-556-6537, or email FOIP@olds.ca