



DEVELOPMENT PERMIT CHANGE OF USE APPLICATION

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

Property Address	Lot	Block	Plan
Project Description / Use			
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
OFFICE USE ONLY			
Development Permit App Fee \$ _____ 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 FEE
<input type="checkbox"/>	<input type="checkbox"/>	4. 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) Label adjacent 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 dwelling and any other building or structure
<input type="checkbox"/>	<input type="checkbox"/>	h) Front, side and rear setback distances of buildings from property lines
<input type="checkbox"/>	<input type="checkbox"/>	i) Outline and location of any accessory buildings dimensioned to the two closest property lines
<input type="checkbox"/>	<input type="checkbox"/>	j) Parking areas including the width and length of all stalls, driveways, etc.

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

The Development Authority may require additional material to properly evaluate the proposed 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



OWNER AUTHORIZATION

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

PLEASE PRINT

DP # _____

Property Address:		
Lot	Block	Plan
<p>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.</p> <p>_____</p> <p>Name of <input type="checkbox"/> Registered Owner / <input type="checkbox"/> Agent</p> <p>_____</p> <p>Signature of <input type="checkbox"/> Registered Owner / <input type="checkbox"/> Agent</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Date</p>		

IF ABOVE SECTION IS NOT SIGNED BY A REGISTERED OWNER, THE SECTION BELOW MUST BE COMPLETED:

<input type="checkbox"/> 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
<p>Please Note:</p> <ul style="list-style-type: none"> ➤ 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. 	

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