



# DEVELOPMENT PERMIT DAY CARE APPLICATION

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:**

1. What will the hours of operation be? \_\_\_\_\_
2. What days of the week will you operate? \_\_\_\_\_
3. How many off-street parking stalls do you have on the property?
4. 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
5. Will there be signage?  Yes     No    If yes please provide details.  
 \*Note: Maximum size of 0.4m<sup>2</sup> (4 ft<sup>2</sup>) is allowed in residential Day Cares.  
 \_\_\_\_\_  
 \_\_\_\_\_
6. How many children will be attending the Day Care? \_\_\_\_\_
7. Is there an on-site outside play area?  Yes     No  
 If yes, is the area fenced?     Yes     No
8. 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



# OWNER AUTHORIZATION

Please e-mail completed form to [planning@olds.ca](mailto: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.

*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](mailto:FOIP@olds.ca)*