



DEVELOPMENT PERMIT APPLICATION

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

Roll # _____

DP # _____

Property Address		
Lot	Block	Plan
Project Description		
Name of Applicant		Tel Fax
Address of Applicant		Cell
E-mail		
Name of REGISTERED OWNER		Tel Fax
Address of REGISTERED OWNER		Cell
Estimated Value of Project		Completion Date (Estimated)
Commencement Date (Estimated)		Postal Code
OFFICE USE ONLY Development Permit App Fee \$ _____ Receipt # _____ Security Bond in the amount of \$ _____ provided by: <input type="checkbox"/> Letter of Guarantee Dated _____ OR <input type="checkbox"/> 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 FORM (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. DEVELOPMENT SECURITY (if required)
<input type="checkbox"/>	<input type="checkbox"/>	5. UTILITY EXCAVATION PERMIT (if required)
<input type="checkbox"/>	<input type="checkbox"/>	6. 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 and property dimensions
<input type="checkbox"/>	<input type="checkbox"/>	e) Label adjacent streets and lanes
<input type="checkbox"/>	<input type="checkbox"/>	f) Foundation outline of any structure
<input type="checkbox"/>	<input type="checkbox"/>	g) Height of buildings or structure
<input type="checkbox"/>	<input type="checkbox"/>	h) Front, side and rear setback distances of buildings or development

Office	Applicant	Required Items
<input type="checkbox"/>	<input type="checkbox"/>	i) Parking areas including the width and length of stalls, driveways, etc.
<input type="checkbox"/>	<input type="checkbox"/>	j) Lot grades and stormwater management plan (if required)
<input type="checkbox"/>	<input type="checkbox"/>	k) Landscaping plan (if required)

Please provide a written submission describing the proposed development.

The Development Authority may require additional material considered necessary to properly evaluate the proposed development.

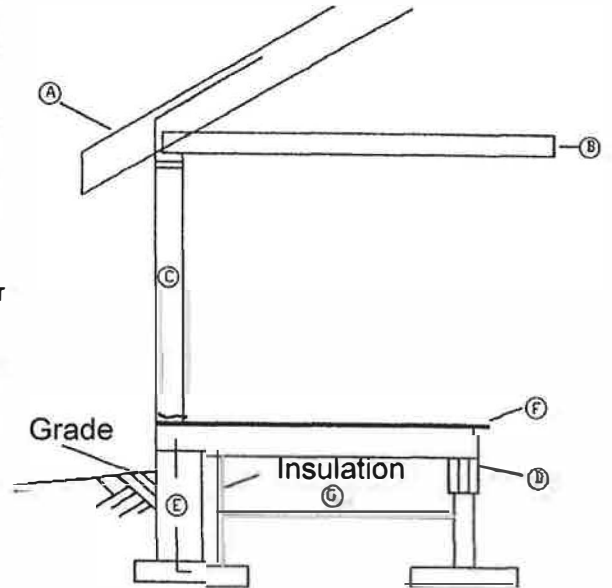
I hereby make application under the provisions of the Town of Olds Land Use Bylaw 01-23 for a Development Permit in accordance with the plans and supporting information submitted herein and which form part of this application.

Name of APPLICANT (Please Print)

Signature of APPLICANT

DATE

- A. Roof**
 Roof Material _____
 Roof Sheathing _____
 Rafters _____ x _____ Spacing _____
 or Engineered Trusses _____ Spacing _____
- B. Ceiling**
 Insulation _____
 Vapour Barrier _____
 Ceiling Joist _____ x _____ Spacing _____
 Ceiling Material _____
- C. Walls**
 Double top plate (✓)
 _____ x _____ Studs at _____ on center
 Single bottom plate (✓)
 Insulation _____
 Vapour Barrier _____
 Wall Sheathing _____
 Exterior wall finish _____
 Interior finish _____
- D. Beam**
 _____ x _____ ply _____ x _____ species
 Supported at _____ on center
 _____ columns
 _____ x _____ x _____ footing
- E. Foundation**
 _____ inch Concrete foundation wall at least _____ ft. below grade
 Footing _____ wide _____ thick
- F. Floor**
 _____ underlay _____ sub floor
 _____ x _____ Joist at _____ on center Species Bridging at 7' on center
- G. Crawl Space**
 2" sand on 6 mil poly or equal (✓)
 Ventilation _____
 Insulation _____



Comments:



BUILDING PERMIT APPLICATION

BP Fee \$ _____	Receipt# _____
SCC Fee \$ _____	Roll # _____
TOTAL \$ _____	

Building Permit #	Application Date
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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: Residential Commercial Industrial Institutional Other _____
Type of Work: New Construction Addition Renovation Demolition Foundation Garage / Shed / Carport
 Wood Burning Appliance 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.

DAN RAUSCH _____

AB New Home Warranty
(If applicable)

Email: drausch@olds.ca
Phone: 403-507-4809

Issuing S.C.O. Name	S.C.O. Designation #	S.C.O. Signature	Date of Issue
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OWNER AUTHORIZATION

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 <input type="checkbox"/> Registered Owner / <input type="checkbox"/> Agent		
_____ Signature of <input type="checkbox"/> Registered Owner / <input type="checkbox"/> Agent		_____ Date

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
Please Note: <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.	

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.