



# 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
<b>OFFICE USE ONLY</b> 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.

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

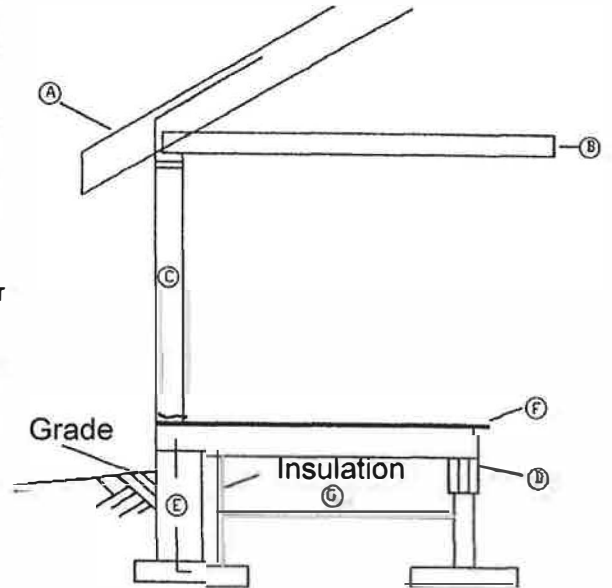
I hereby make application under the provisions of the Town of Olds Land Use Bylaw 01-23 for a Development Permit in accordance with the plans and supporting information submitted herein and which form part of this application.

\_\_\_\_\_  
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 # _____
<b>TOTAL</b> \$ _____	

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 Ft<sup>2</sup>:** \_\_\_\_\_ **Basement Development Ft<sup>2</sup>** \_\_\_\_\_ **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.

\_\_\_\_\_

AB New Home Warranty   
(If applicable)

**Email: [planning@olds.ca](mailto:planning@olds.ca)**  
**Phone: 403-507-4806**

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