



# DEVELOPMENT PERMIT DECK - COVERED, UNCOVERED OR ENCLOSED APPLICATION

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

DP# \_\_\_\_\_

Property Address			<input type="checkbox"/> Uncovered <input type="checkbox"/> Covered <input type="checkbox"/> Enclosed		
Lot	Block	Plan	Dimensions of Deck		Height of Deck
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
Estimated Value of Project		Commencement Date (Estimated)		Completion Date (Estimated)	
OFFICE USE ONLY					
Development Permit App Fee \$ 100.00			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 FEES
<input type="checkbox"/>	<input type="checkbox"/>	4. SITE PLAN, (a Real Property Report can be used) showing:
<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 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 the dwelling, outline of the eaves and any other projections (e.g. cantilevers)
<input type="checkbox"/>	<input type="checkbox"/>	h) Setbacks from dwelling dimensioned to the two closest property lines
<input type="checkbox"/>	<input type="checkbox"/>	i) Outline of all proposed and existing decks and structures with dimensions indicating size and height above ground and/or height of roof or cover over deck
<input type="checkbox"/>	<input type="checkbox"/>	j) Outline of all other buildings and structures on the property (with dimensions to property lines)

For your information:

If your intent is to cover the deck with a roof in the future, the Development Authority may require additional material to properly evaluate the proposed development. In addition to a Development Permit Application, a **Building Permit Application** submitted with an **Uncovered Deck Construction Details** form and/or **Additions** form is required.

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.

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Name of APPLICANT (Please Print)

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Signature of APPLICANT

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DATE



# OWNER AUTHORIZATION

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.



# 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:

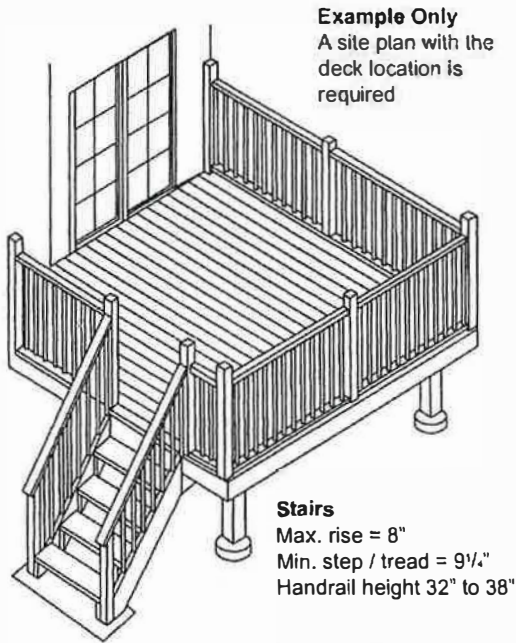
- Is not commenced within 90 days from the date of issue of the permit,
- Is suspended or abandoned for a period of 120 days, or
- Is in respect of a seasonal use residence and the construction is suspended or abandoned for a period of 240 days after the construction is started.

**DAN RAUSCH** \_\_\_\_\_

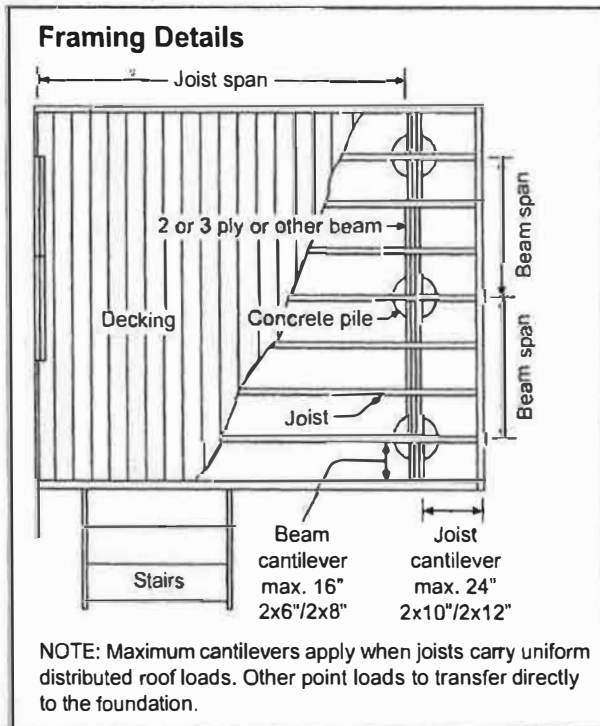
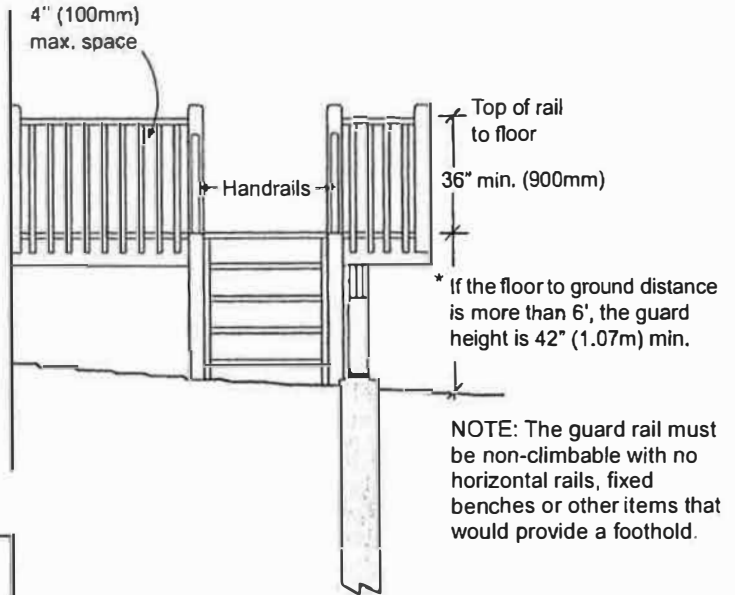
AB New Home Warranty   
(If applicable)

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

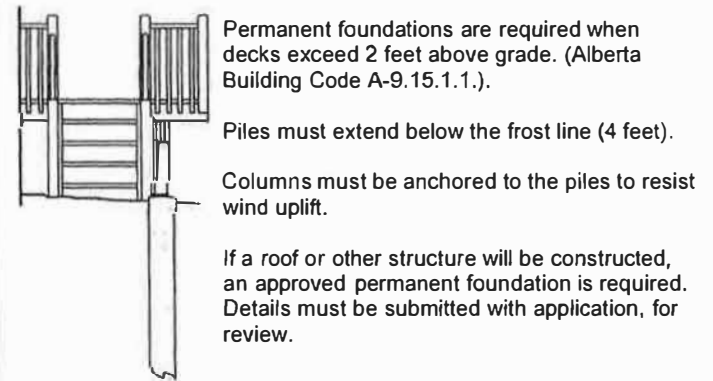
Issuing S.C.O. Name	S.C.O. Designation #	S.C.O. Signature	Date of Issue
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### Guardrail Design



### Foundation Options



Maximum Framing Spans				
Joist	Span 16" o.c.	Span 24" o.c.	Beam	Post Spacing
2 x 6"	9' - 4"	8' - 2"	2 - 2 x 8"	7' - 6"
2 x 8"	11' - 7"	10' - 9"	3 - 2 x 8"	9' - 9"
2 x 10"	13' - 8"	12' - 11"	3 - 2 x 10"	11' - 11"
2 x 12"	15' - 7"	14' - 8"	2 - 2 x 12"	13' - 10"

### Deck Construction Details

Deck floor above ground height \_\_\_\_\_

Joist size and spacing \_\_\_\_\_

Beam size and post spacing \_\_\_\_\_

Foundation type (pile size and depth) \_\_\_\_\_

Guardrail and handrail height \_\_\_\_\_

Applicant Name (print) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_