



DEVELOPMENT PERMIT

DETACHED DWELLING & DUPLEX 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		Project Description	
Lot	Block	Plan	
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 DP Fee \$400 + (_____ dwelling units x \$50) _____ = Total \$ _____ Security \$ _____ Receipt # _____ Utility Excavation Permit Connect Fee \$ _____ Security \$ _____ 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".** As far as possible, drawings and plans should be prepared to professional drafting standards.

Office	Applicant	Required Items
<input type="checkbox"/>	<input type="checkbox"/>	1. Current copy of CERTIFICATE OF TITLE (dated within 3 months) and copies 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. DEVELOPMENT SECURITY DEPOSIT (Refunded upon completion of development permit conditions)
<input type="checkbox"/>	<input type="checkbox"/>	5. UTILITY EXCAVATION PERMIT APPLICATION
<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
<input type="checkbox"/>	<input type="checkbox"/>	e) Label adjacent streets, lanes, sidewalks & curbs
<input type="checkbox"/>	<input type="checkbox"/>	f) Utility rights-of-way and easements
<input type="checkbox"/>	<input type="checkbox"/>	g) Foundation outline of dwelling, outline of eaves any other projections (e.g. cantilevers) & decks
<input type="checkbox"/>	<input type="checkbox"/>	h) Front, side and rear setbacks from property lines (show dimensions)
<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) Lot grades (include grade points as indicated on pg. 4, Diagram 1) See <u>LOT GRADE NOTE</u> below
<input type="checkbox"/>	<input type="checkbox"/>	k) Width & length of all parking areas including parking pads, stalls, driveways, etc.
<input type="checkbox"/>	<input type="checkbox"/>	l) Retaining walls (existing and proposed) indicating length, width & height
<input type="checkbox"/>	<input type="checkbox"/>	m) Location of existing and proposed fences
<input type="checkbox"/>	<input type="checkbox"/>	n) Location of existing and proposed service lines
<input type="checkbox"/>	<input type="checkbox"/>	7. ELEVATION DRAWINGS - 2 sets (11"x17"),, showing:
<input type="checkbox"/>	<input type="checkbox"/>	a. Exterior of proposed building, including windows, doors, projections and decks
<input type="checkbox"/>	<input type="checkbox"/>	b. Lot grades, grades at the corners of the building and the grade lines plotted on each of the building elevation drawings and extended to property line (consistent with the Site Plan)
<input type="checkbox"/>	<input type="checkbox"/>	c. Height from grade to the top of roof on each elevation drawing
<input type="checkbox"/>	<input type="checkbox"/>	d. Elevations of any proposed retaining wall
<input type="checkbox"/>	<input type="checkbox"/>	8. FLOORPLANS - 2 sets (11"x17"), showing:
<input type="checkbox"/>	<input type="checkbox"/>	a. Layout of all exterior and interior walls. Identify rooms by function (eg. kitchen, bathroom, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	b. Location of all doors and windows
<input type="checkbox"/>	<input type="checkbox"/>	c. Dimensions of the building(s); including cantilevers, other projections, decks, etc.
<input type="checkbox"/>	<input type="checkbox"/>	

LOT GRADE NOTE

1. In **new subdivisions** the following information is required (see diagrams pages 4-8):
 - a) The Building Grade Certificate, produced by the engineer for the developer of the subdivision, must be submitted with the application;
 - b) All grades shown on the Building Grade Certificate must be shown on the site plan and the elevation drawings. The elevation drawings should also show the elevations of the footings and the sanitary invert if applicable.
2. In **developed areas** (infill) of the community, grades are required at the locations indicated on attached diagrams.

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

In addition to **1 set of plans** required for the Development Permit Application, a **Building Permit Application** requires an additional **2 sets of plans** (11'x17').

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



BUILDING PERMIT APPLICATION

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

Building Permit #	Application Date				
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: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other _____ Type of Work: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Foundation <input type="checkbox"/> Garage / Shed / Carport <input type="checkbox"/> Wood Burning Appliance <input type="checkbox"/> 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. <input type="checkbox"/> DAN RAUSCH _____ <div style="text-align: right;">AB New Home Warranty <input type="checkbox"/> (If applicable) Email: drausch@olds.ca Phone: 403-507-4809</div> <table border="0" style="width: 100%;"><tr><td>Issuing S.C.O. Name</td><td>S.C.O. Designation #</td><td>S.C.O. Signature</td><td>Date of Issue</td></tr></table>		Issuing S.C.O. Name	S.C.O. Designation #	S.C.O. Signature	Date of Issue
Issuing S.C.O. Name	S.C.O. Designation #	S.C.O. Signature	Date of Issue		



UTILITY EXCAVATION PERMIT APPLICATION

Permit # _____ DP # _____ Roll # _____

Check One: ☐ **Water, Wastewater, Storm Permit** ☐ **Shallow Utility Permit** (gas, power, cable, fiber, phone etc.)

Name of APPLICANT		Tel/ Cell	Fax
Address of APPLICANT		Postal Code	
Name of OWNER (if different from Applicant)		Tel/ Cell	Fax
Name of CONTRACTOR	Contact Name for site (24 hours)		Contact Tel (24 hours)
Location of Excavation		Start Date	End Date
Description Of Project			
Estimated date for Re-Paving (within 30 days)		<input type="checkbox"/> Site Sketch (must be submitted)	

General Conditions – PLEASE READ

Locates must be obtained PRIOR to excavation:

ALBERTA ONE CALL - www.alberta1call.com or 1 (800) 242-3447

DigShaw - www.digshaw.ca or 1 (866) 344-7429

Copies of locate reports must be available on site during construction.

If your Utility Excavation Permit deals with a road closure call Intercon - 1 (866) 926-9150

The Applicant must notify Alberta Transportation at 403-340-5166 if excavating or working within a 2 block radius of either Highway 27 or Highway 2A.

A proper Site Plan must be submitted with all Utility Excavation Permit applications showing property lines, all relevant buildings/structures, street/alley structures, and any other relevant information. The scale of the drawing is to be noted.

The fee for a new connection to a municipal underground service trunk main (water, sanitary or storm) is **\$1,200 per service connection (non-refundable)**. A Development Security equal to the cost of the portion of construction that is on municipal lands is required and will be charged per Rates Bylaw 2008-03. The value of the Development Security required for a set of two service connections, based on current fair market values, is **\$1,500 for gravel surfaces, \$4,000 for gravel surface with sidewalk/curb and gutter, and \$15,000 for paved surface with sidewalk/curb and gutter, per trench**. If costs are greater, the Applicant will be billed for the actual amounts. **It is the Developer/Contractor's responsibility to return the surface excavated to its equivalent or better.** The Development Security will be held for a period of **2 (two) years from completion of construction**, after which time **Final Acceptance Certification** will be given, so as to allow time for settlements/issues to become apparent. After this time, as long as there have been no performance issues, the Development Security will be returned.

The Applicant shall contact the **Town of Olds Operational Services Department** at **403-507-4833** to arrange for an **inspection of the water and sewer connections PRIOR TO BACKFILLING**. Please be advised that the **Development Security will not be returned to the Developer if water and sewer connections are not inspected prior to backfilling**. Please note that **48 hours notice** must be given to the **Operational Services Department** prior to the desired inspection date. Inspections will be conducted between 7am - 3pm Monday to Friday only.

If **OLD SERVICES** are to be abandoned, they must be properly abandoned and inspected by a qualified member of the Town of Olds Utilities team. Please note that **48 hours notice** must be given to the Operational Services Department prior to the desired inspection date. **Call 403-507-4833 to arrange for an inspection**. Inspections will be conducted between 7am - 3pm Monday to

Friday only. Water Services 1/2" or smaller are to be properly abandoned and replaced with new service connection pipe installed to the main.

The Applicant shall contact the **Town of Olds Operational Services Department** at **403-507-4833** to arrange for a **SIDEWALK** inspection. Please note that **48 hours notice** must be given to the **Operational Services Department** prior to the inspection date desired. Inspections will be conducted between 7am - 3pm Monday to Friday only.

All excavations within paved roads will be **backfilled, compacted, and have a 3" concrete top (flush with pavement surface, if asphalt top cannot be applied immediately)** and placed in the presence and observation of **Town of Olds Operational Services staff**. **48 hours notice** is required to have inspector present. An inspection is required for any deposit to be returned. Inspections will be conducted between 7am - 3pm Monday to Friday only.

If the work is completed **WITHOUT AN INSPECTION FROM THE TOWN OF OLDS** the Contractor will be billed for the inspection at cost plus 50% for any work carried out by the Town of Olds or its agent to make any road, alley or sidewalk safe, or to permanently complete excavations.

The **APPLICANT** will ensure that the work site is maintained in a way that no harm may come to pedestrians or vehicles that may have to pass through or around the site, including barricades and lights if required. The Applicant agrees that the Town shall be **SAVE HARMLESS** from any injury/damages/losses that may occur due to neglect on the applicant's part. Traffic will not be delayed or detoured without authorization from the Town of Olds, Operational Services Department.

- ☐ The applicant shall provide **proof of insurance** identifying the Town of Olds as an additional named insured for those portions of construction on Town owned lands.

The Applicant must submit a time schedule from start to completion of the project for approval by the Town of Olds. The Applicant will be responsible for any work stoppages or deficiencies.

By signing this application the Applicant agrees to conform to the above General Conditions at all times while working within Olds town limits.

Print NAME of APPLICANT

Signature of APPLICANT

Date

PERMIT APPROVAL – OFFICE USE ONLY

File reviewed by: Operational Services Date: _____	Fees Paid \$ _____ (Codes: Service Connection - Water 1-4100-411-00; Wastewater 1-4200-411-00; Security 4-0000-474-01) Receipt # _____ Date: _____
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Comments:

Water & Sewer Inspection Report

(to be completed by Town of Olds)

Permit # _____

**Town of Olds Operations department requires 48 hours notice for inspections.
Inspections will be conducted between 7:00 am and 3:00 pm Monday to Friday only.**

Municipal Address of PROPERTY			
Legal Description	Lot	Block	Plan
Name of OWNER			Tel
Name of CONTRACTOR / INSTALLER			Tel
Water / Sewer Line Connection <input type="checkbox"/> Approved <input type="checkbox"/> Corrections Required: _____			
Comments			

Signature of Water & Sewer Inspector

Signature of Contractor / Installer

Date

Operations Inspection Report (to be completed by Town of Olds)

**Town of Olds Operations department requires 48 hours notice for inspections.
Inspections will be conducted between 7:00 am and 3:00 pm Monday to Friday only.**

There is a two-year compaction / settlement guarantee for all roads & sidewalks. If these settle within two years the Contractor / Installer will make necessary corrections at no cost to the Town of Olds.

Name of CONTRACTOR / INSTALLER		Tel
Pavement	<input type="checkbox"/> Approved <input type="checkbox"/> Corrections Required: _____	
Sidewalks / Curbs	<input type="checkbox"/> Approved <input type="checkbox"/> Corrections Required: _____	
Comments		

Signature of Operations Inspector

Signature of Contractor / Installer

Date

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



OWNER AUTHORIZATION

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

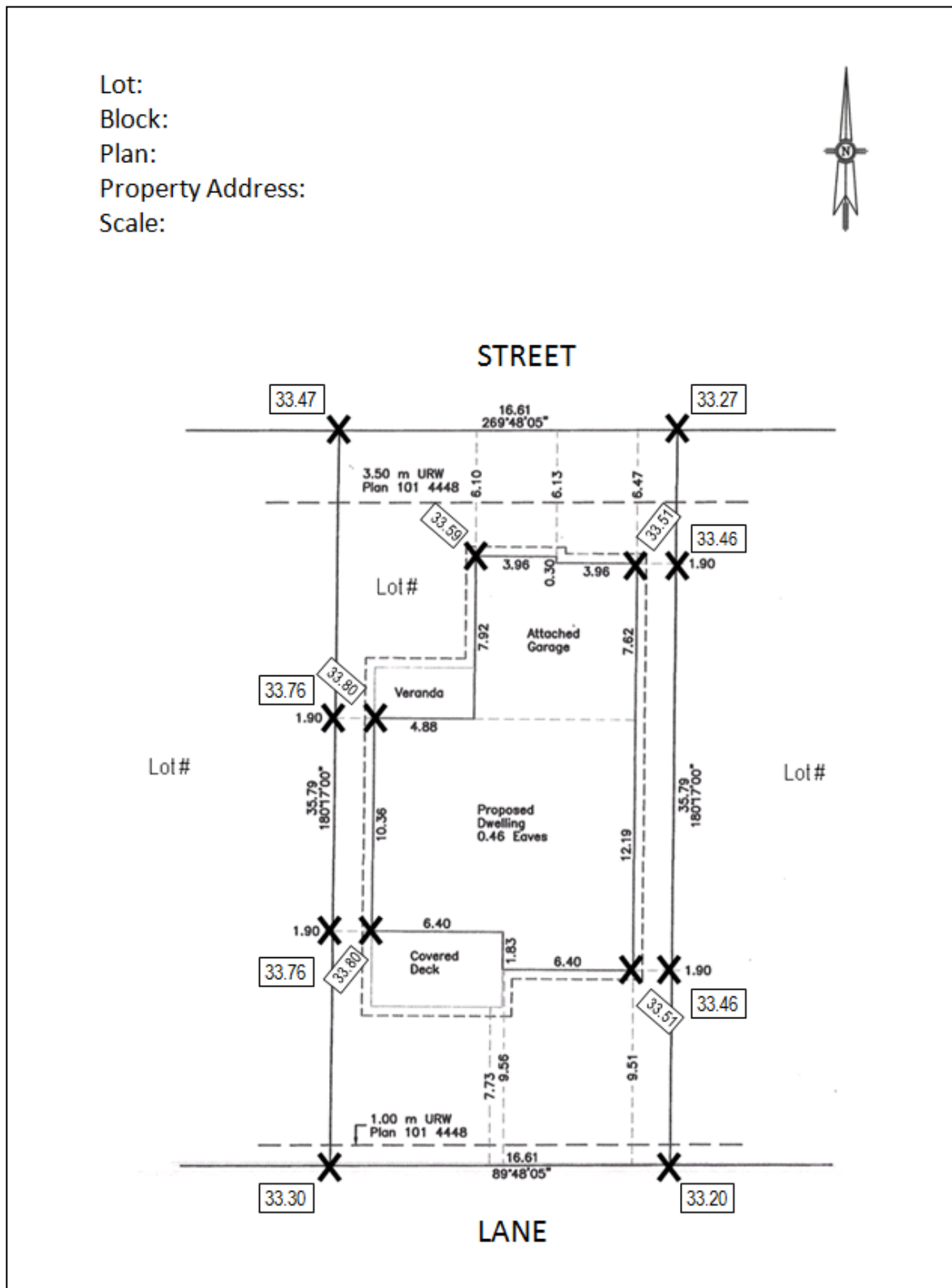
Please Note:

- 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.

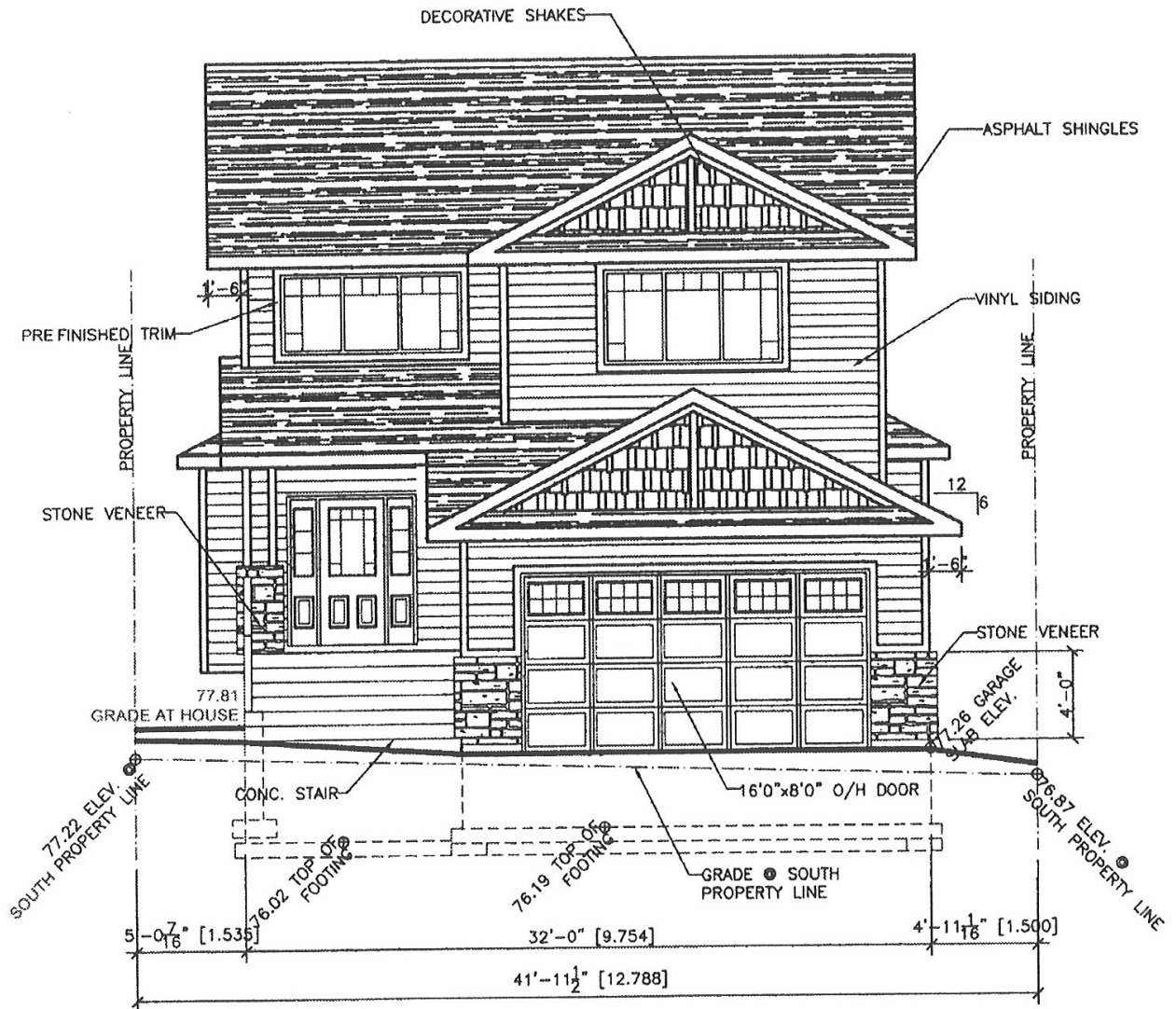
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Please ensure your application is complete before submitting.

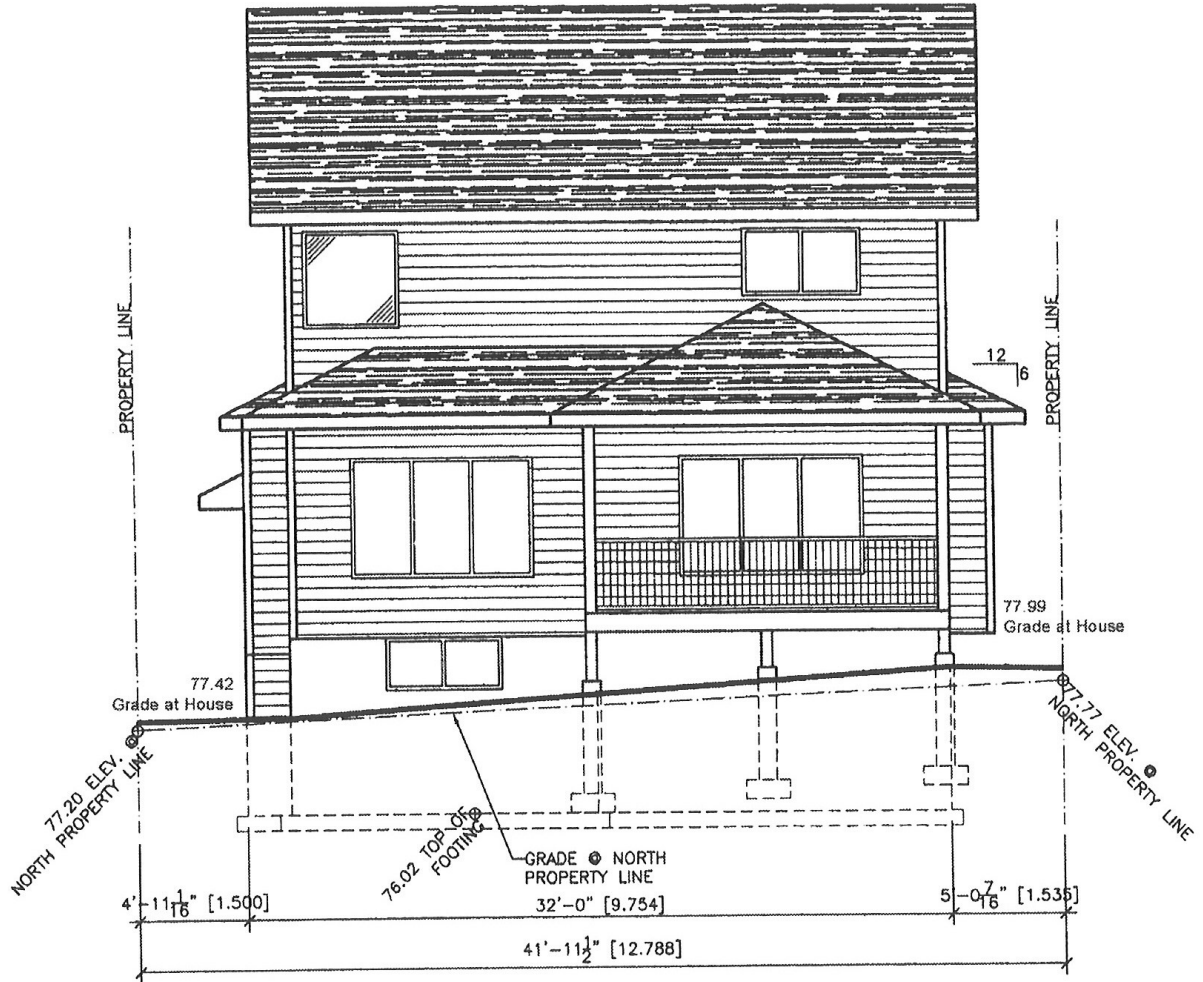
DIAGRAM 1 – EXAMPLE OF LOT GRADES



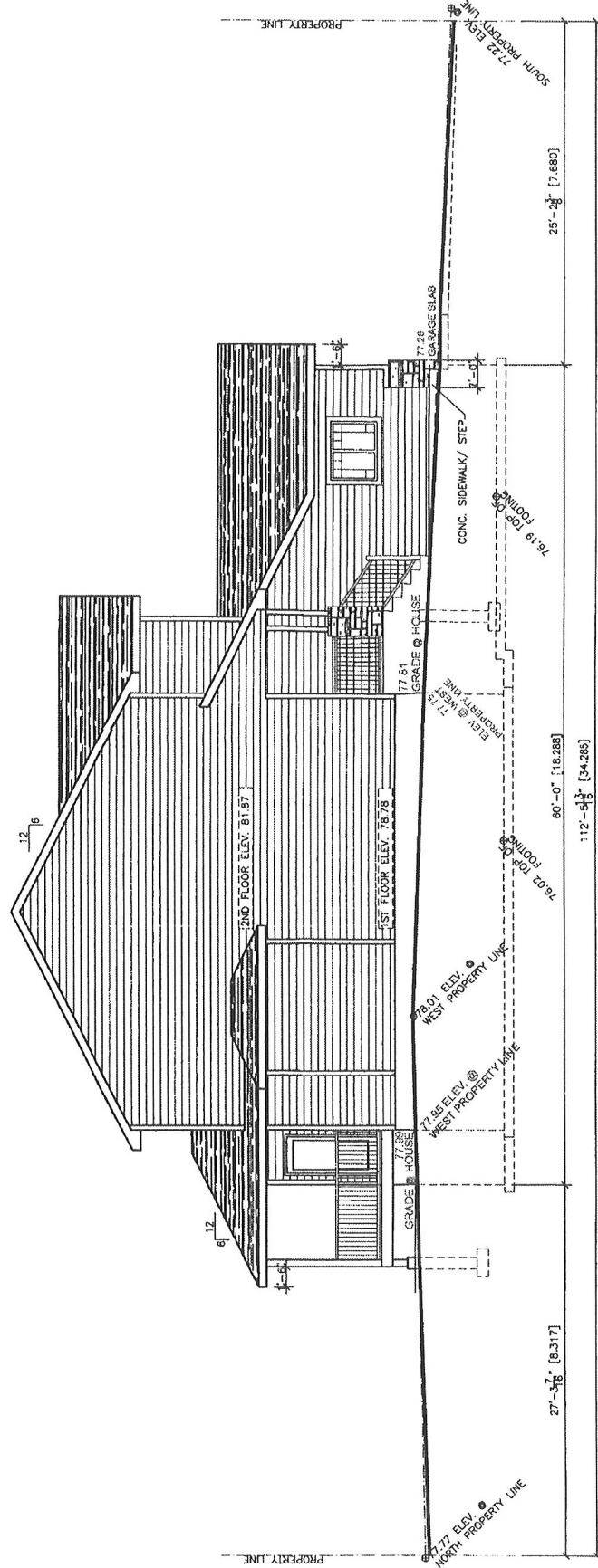
1 SOUTH ELEVATION
A3 3/16"=1'-0"



2 NORTH ELEVATION
 A3 $\frac{3}{16}" = 1'-0"$



3 WEST ELEVATION
A3 3/16"=1'-0"



Architectural drawing of the east elevation of a two-story house. The drawing includes the following details:

- Roof:** Gabled roof with a 12/6 pitch.
- Second Floor:** Features a single window and a balcony with a railing. The elevation is marked as 2ND FLOOR ELEV. 81.87'.
- First Floor:** Features a large front door, a window, and a side door. The elevation is marked as 1ST FLOOR ELEV. 78.78'.
- Property Lines:** The drawing shows the North Property Line, East Property Line, and South Property Line. The East Property Line is marked with elevations 77.30, 77.38, and 77.44.
- Dimensions:** The overall width of the house is 26'-0 1/8" [7.926]. The depth of the lot is 104'-0 7/8" [31.949].
- Other Features:** The drawing includes a concrete sidewalk/step, a garage slab, and a slope of 5%.