

# REQUEST FOR REFUND OF DEVELOPMENT SECURITY



4512 46 Street  
Olds AB T4H 1R5  
Main: 403.556.6981  
Fax: 403.507.4856  
Email: [planning@olds.ca](mailto:planning@olds.ca)

Refund For:     Development Permit                       Utility Excavation Permit

Permit #	Receipt #	Address of Development or Utility Excavation	
Type of Development			
Refund Requested by			Phone
Address			Postal Code
E-mail			

Check the boxes of the items that are completed. **All items must be completed to the satisfaction of the Development Officer to receive refund of Development Security.** An inspection will be conducted by the Development Officer.

**In the boxes below, checkmark the items that apply to your permit.**

**CHECKLIST for DEVELOPMENT PERMIT** Development Security Refund:

- Final Building Inspection. If there are items to be corrected or completed on the Building Inspection Report, you will be required to complete the items & return the signed form to the Town Office.
- Hard Surface Driveway and Parking Pads (if applicable) \_\_\_\_\_
- Approved Driveway Width (if applicable) \_\_\_\_\_
- Landscape Elevations (minimum 2% grade) – Building Grade Certificate returned if applicable \_\_\_\_\_
- Front Landscaping (and side on corner lots)             One (1) Tree (if applicable) \_\_\_\_\_
- Front & Rear House Numbers \_\_\_\_\_
- Eavestrough & Downspouts \_\_\_\_\_
- Exterior Building Finish \_\_\_\_\_
- Curb Stop (acceptably installed and fully operational) \_\_\_\_\_
- Boulevard, sidewalk gutter and water curb stops have not been damaged (as per the pre-inspection) \_\_\_\_\_
- Other requirements as applicable for the Development Permit \_\_\_\_\_

**CHECKLIST for UTILITY EXCAVATION PERMIT** Development Security Refund:

- Date of Inspection by Operational Services for connection: \_\_\_\_\_
- Date of Paving: \_\_\_\_\_
- Date of Inspection by Operational Services for sidewalk, curb, etc.: \_\_\_\_\_

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

Return the completed form to Planning & Development.

<p>OFFICE USE ONLY</p> <p>Approved By _____</p> <p>Date _____</p>	<p>Refund \$ _____</p> <p style="font-size: small;">Development Security 4-0000-471-00 Utility Ex Security 4-0000-474-00</p> <p>Chq # _____ Date _____</p>
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*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 FOIPP Coordinator at 4512 46 Street, Olds, AB T4H 1R5. Phone 403-556-6981, Fax 403-556-6537, or email FOIP@olds.ca*