



# DEVELOPMENT PERMIT RELAXATION / VARIANCE APPLICATION

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

**PLEASE PRINT**

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

Property Address	Lot	Block	Plan
Project Description / Proposed Relaxation / Variance			
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
OFFICE USE ONLY			
Development Permit App Fee    \$ _____    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 FEE
<input type="checkbox"/>	<input type="checkbox"/>	4. 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 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 dwelling and any other building or structure
<input type="checkbox"/>	<input type="checkbox"/>	h) Front, side and rear setback distances of buildings from property lines
<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) Parking areas including the width and length of all stalls, driveways, etc.

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

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



# 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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# 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.

*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.**