



4512 46 Street
 Olds AB T4H 1R5
 Main: 403.556.6981
 Fax: 403.507.4856
 Email: planning@olds.ca

DP # _____

Property Address	Lot	Block	Plan
Applicant		Tel Fax	Cell
Address of Applicant			Postal Code
Email			
Registered Owner		Tel	Cell
Address of Registered owner			Postal Code
OFFICE USE ONLY	Development Permit Application Fee: \$200.00	Receipt # _____	
Municipal Planning Commission Meeting Date: _____			

See the Land Use Bylaw 01-23 for regulations: Schedule B: Section 6(13) Secondary Suites

The following questions are to be completed by the Applicant:

- Where is the proposed suite to be located? _____
- What is the total area of the proposed suite? _____ m² or ft²
- What is the total floor area of the detached dwelling (both main and basement floors)?
 _____ m² or ft²
- Will the proposed suite have a separate entrance? _____
- How many off-street parking stalls do you have on your property? _____

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 (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 (an existing Real Property Report can be used) showing: a) Off-street parking b) Entrance to proposed secondary suite

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

 Name of APPLICANT (Please Print)

 Signature of APPLICANT

 Date

Owner Authorization Form

DP # _____

PLEASE PRINT

Property Address:		
Lot	Block	Plan
<p>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.</p> <p>_____</p> <p>Name of <input type="checkbox"/> Registered Owner / <input type="checkbox"/> Agent</p> <p>_____</p> <p>Signature of <input type="checkbox"/> Registered Owner / <input type="checkbox"/> Agent _____</p> <p style="text-align: right;">Date</p>		

IF ABOVE SECTION IS NOT SIGNED BY A REGISTERED OWNER, THE SECTION BELOW MUST BE COMPLETED:

<input type="checkbox"/> 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
<p>Please Note:</p> <ul style="list-style-type: none"> ➤ 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 FOIPP Coordinator at 4512 46 Street, Olds, AB T4H 1R5. Phone 403-556-6981, Fax 403-556-6537, or email FOIP@olds.ca