



**DEVELOPMENT PERMIT
ACCESSORY RESIDENTIAL BUILDING
(Urban Hens)**

Roll # _____

DP # _____

Property Address	Number Of Hens	(Maximum of 6)	
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 # _____			

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 <ul style="list-style-type: none"> a) Property Lines b) Outline of foundation of accessory building (urban hen coop) c) Front, side, and rear setbacks dimensioned from accessory building to property line.
<input type="checkbox"/>	<input type="checkbox"/>	5. ELEVATION DRAWINGS / BUILDING <ul style="list-style-type: none"> a) Dimension of purposed building (urban hen coop) b) Location of building
<input type="checkbox"/>	<input type="checkbox"/>	6. ALBERTA PREMISES IDENTIFICATION PROGRAM (PID) <ul style="list-style-type: none"> a) As part of the Animal Health Act, owners of hens must register with the Animal Premise Identification Program http://www.alberta.ca/register-with-the0animal-premises-identificationprogram.aspx to obtain a premise identification number for urban hens.
<input type="checkbox"/>	<input type="checkbox"/>	7. URBAN HEN KEEPING COURSE <ul style="list-style-type: none"> a) A certificate or documentation stating the completion of this course must be provided to process this application.
<input type="checkbox"/>	<input type="checkbox"/>	8. FINANCE <ul style="list-style-type: none"> a) Animal License Fee has been paid by applicant b) Letter / License Printed and obtained by applicant

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

<input type="checkbox"/>	<input type="checkbox"/>	9. Municipal Enforcement a) Informed of Animal License for Urban Hens
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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".**

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

Please e-mail completed form to planning@olds.ca

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
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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 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** _____

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Permit Validation Section:

Special Conditions: _____

General Conditions: _____

This Permit expires if the construction to which it applies:

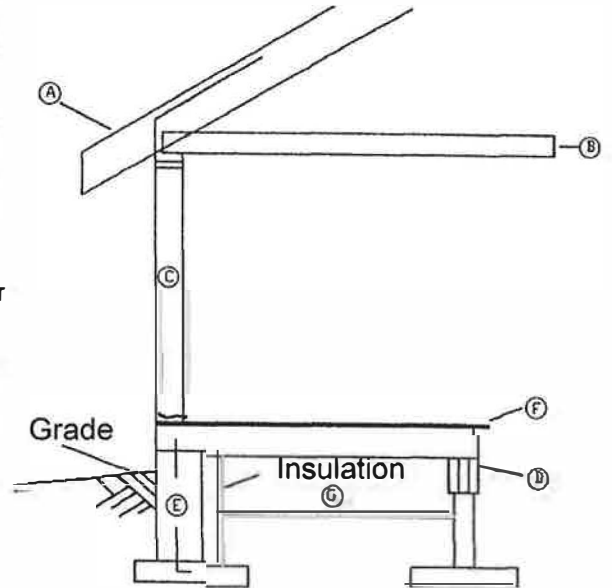
- Is not commenced within 90 days from the date of issue of the permit,
- Is suspended or abandoned for a period of 120 days, or
- Is in respect of a seasonal use residence and the construction is suspended or abandoned for a period of 240 days after the construction is started.

AB New Home Warranty
 (If applicable)

Email: planning@olds.ca
Phone: 403-507-4806

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

- A. Roof**
 Roof Material _____
 Roof Sheathing _____
 Rafters _____ x _____ Spacing _____
 or Engineered Trusses _____ Spacing _____
- B. Ceiling**
 Insulation _____
 Vapour Barrier _____
 Ceiling Joist _____ x _____ Spacing _____
 Ceiling Material _____
- C. Walls**
 Double top plate (✓)
 _____ x _____ Studs at _____ on center
 Single bottom plate (✓)
 Insulation _____
 Vapour Barrier _____
 Wall Sheathing _____
 Exterior wall finish _____
 Interior finish _____
- D. Beam**
 _____ x _____ ply _____ x _____ species
 Supported at _____ on center
 _____ columns
 _____ x _____ x _____ footing
- E. Foundation**
 _____ inch Concrete foundation wall at least _____ ft. below grade
 Footing _____ wide _____ thick
- F. Floor**
 _____ underlay _____ sub floor
 _____ x _____ Joist at _____ on center Species Bridging at 7' on center
- G. Crawl Space**
 2" sand on 6 mil poly or equal (✓)
 Ventilation _____
 Insulation _____



Comments: