

Development Permit #: _____

Application Date: _____

To Be Completed By Applicant:

Do you have a Business License with the Town of Blackfalds? Yes No

Permit Being Applied for By: Land Owner Applicant/Contractor

Landowner Name(s): _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Alt Phone: _____

Email Address: _____

(Same as Landowner)

Applicant/Contractor Name(s): _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Alt Phone: _____

Email Address: _____

PROJECT INFORMATION

Proposed Land Use (*please note that one (1) Development Permit Application is required **per** lot / title):

SFD Deck (covered/uncovered) Addition Accessory Suite Accessory Building (garage/shed)

Duplex Four Plex Manufactured/Modular Home Demolition Moved in Building

Other: _____

Approximate Value of Development: \$ _____
(Building Materials and Labour)

Civic Address of Property to be Developed: _____

Lot: _____ Block: _____ Plan: _____ Land Use District: _____

Existing Land Use: _____

Number of Storeys: _____ Height (avg. from ground level to peak): _____

Lot Area: _____ Uncovered Deck Construction Included: If yes, size: _____ sq m sq ft

Total Parcel Coverage: _____ % (include any deck(s), garage(s) – attached or detached, accessory building(s), verandahs, etc.)

Yard Setbacks - Front Yard: _____ Left Side Yard: _____

Right Side Yard: _____ Rear Yard: _____

Number of off street parking stalls: _____ (location and size must be shown in the site/plot plan)

Primary Building: sq. meters sq. feet

Main Floor: _____ Upper Floor: _____ Basement: _____ Attached Garage: _____

Accessory Building(s): sq. meters sq. feet

Shed: _____ Detached Garage: _____

Accessory Suite Information (if applicable): Existing Suite New Suite

Accessory Suite Total Floor Area: sq. meters sq. feet

Basement Floor (Accessory Suite): _____

Variance Required: Reason for variance: _____

Proposed Commencement Date: _____ Proposed Completion Date: _____

Detailed description of work and/or intended use or occupancy of the building (include extra paper if needed):

Town of Blackfalds
DEVELOPMENT PERMIT APPLICATION
RESIDENTIAL

Development Permit #: _____

Application Date: _____

NOTES:

1. This Application constitutes part of the permit.
2. Every Development Application shall be completed and submitted in accordance with Section 3.4 of the Town of Blackfalds Land Use Bylaw 1198/16.
3. Failure to comply with this form fully and lack of the required information and plans may cause delays in processing this Development Application.
4. An Application for a Development Permit shall, at the option of the applicant, be deemed to be refused when the decision of the Development Authority is not made within forty (40) days of receipt of the Application.
5. Any questions related to the collection and use of this permit information should be referred to the Planning and Development Department at 403.885.4677.

A DEVELOPMENT PERMIT COMES INTO EFFECT:

- a. if it is issued by the Development Authority, twenty one (21) days after the date of decision.
- b. if it is issued by Town Council with respect to a development in a Direct Control District, upon the date of its issue, or
- c. if an appeal is made, on the date that the appeal is finally determined.

A development permit remains in effect for twelve (12) months from the date of its issue and thereafter is null and void unless an extension has been requested and approved. A time extension request must be received a minimum of one (1) month prior to expiry.

I hereby make application for a Development Permit under the provisions of the Town of Blackfalds Land Use Bylaw #1198/16 in accordance with the plans and supporting information submitted herewith and which form part of this application and will abide by all conditions of approval. By submitting this application I hereby allow right of entry for inspection purposes.

Permit Applicant Name(s): _____

Permit Applicant Signature(s): _____

Landowner Name(s): _____

Landowner Signature(s): _____

FOR OFFICE USE ONLY

Lot: _____ Block: _____ Plan: _____ Land Use District: _____ Tax Roll #: _____

 Variance Requested (if applicable): MPC Development Officer

IF DEMOLITION PERMIT – COPIES SENT TO: Utility Department Tax Department

Development Permit Fee: (1-61-00-520)	\$	MPC Date: _____
TOTAL:	\$	SDAB Date: _____
		Notification Date: _____

Receipt #: _____ Date Application Deemed Complete: _____

The personal information provided as part of this application is collected in accordance with the Alberta Municipal Government Act (MGA), the Freedom of Information and Privacy Act (FOIP), Town of Blackfalds Land Use Bylaw 1198.16 and the Alberta Safety Codes Act (SCA) and will be used by the Town for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The Town of Blackfalds is authorized to collect this personal information under Section 23 of FOIP and by Section 3 of the MGA. The applicant's name and the nature of the permit will be publicly available, in accordance with the FOIP Act. Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with the FOIP Act, and can be reviewed and corrected upon request. Should you have any questions or concerns regarding the collection of this information, please contact the FOIP Coordinator at foip@blackfalds.com or 403.885.6248.