

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):

 Apartments     Stacked Rowhouse     Rowhousing     Demolition     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): \_\_\_\_\_

Total # of Buildings: \_\_\_\_\_ Total # of Units: \_\_\_\_\_

 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):**

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE TURN OVER**

**Town of Blackfalds  
 DEVELOPMENT PERMIT APPLICATION  
 MULTI 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](mailto:foip@blackfalds.com) or 403.885.6248.*