



**Application for Residential Development
Planning and Economic Development**

A-4900 50th St.
Taber, Alberta T1G 1T1
Phone: 403-223-6009
Fax: 403-223-5530

Office Use Only			
Use: <input type="checkbox"/> Permitted <input type="checkbox"/> Discretionary <input type="checkbox"/> Prohibited		Land Use District:	Roll No:
Development Permit No:	DP Fee: \$	Off-Site Levy: \$	Security Deposit: \$
Building Permit No:	BP Fee: \$ (Minimum \$100.00)	SCC Levy: \$ (minimum \$4.50)	Total Fees: \$
Application Received:	Date Advertised:	Permit Effective:	

Development Permit – ensures the use, setbacks, and size of your project comply with the *Land Use Bylaw*.
Building Permit – ensures that your project is completed safely and is a requirement of the *Safety Codes Act*.
It is recommended you review *Land Use Bylaw* requirements prior to submitting an application.
Electrical, gas, and plumbing permits can be obtained through Superior Safety Codes (403-320-0734).
If you are buying a garage package, please include those documents.
During construction it is your responsibility to contact the building inspector for required inspections.
After the building inspector has reviewed and approved your plans you can begin construction.
At the completion of the project, you will be required to update your *Real Property Report* to verify the project has been constructed in the correct location.

Please attach the following:

- | | | | |
|---|--------------------------|---|--------------------------|
| Site Plan (3 copies) | <input type="checkbox"/> | New Home Warranty Documentation (if applicable) | <input type="checkbox"/> |
| Building Plan (3 copies) | <input type="checkbox"/> | Security Deposit (if applicable) | <input type="checkbox"/> |
| Elevation/ Drainage/ plot Plan (3 copies) | <input type="checkbox"/> | Architect Controls Approval | <input type="checkbox"/> |

I / We hereby make application under the provisions of Land Use Bylaw No. 14-2016 for a Development Permit in accordance with the plans and supporting information submitted herewith and which forms part of this application.			
Municipal Address:			
Legal Description of property to be developed:	Lot (Parcel):	Block:	Plan:
Applicant:	Name:	Email:	
	Address:		
	Town:	Postal Code:	
	Phone Res:	Phone Cell:	
	Business License#:		
	Interest in the proposed development, if not the registered owner: <input type="checkbox"/> Agent <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other explain:		
Registered Owner: (if different from applicant)	Name:	Email:	
	Address:		
	Town:	Postal Code:	
	Phone Res:	Phone Cell:	
Type of Development Proposed:			
<input type="checkbox"/> New Construction <input type="checkbox"/> Waiver <input type="checkbox"/> Change of Use <input type="checkbox"/> Discretionary Use <input type="checkbox"/> Renovation <input type="checkbox"/> Moved in Building <input type="checkbox"/> Addition <input type="checkbox"/> Other explain:			

The personal information requested on this form is being collected for a development permit and is protected by the Freedom of Information and Protection of Privacy (FOIP) Act. If you have questions about the collection, contact our FOIP Coordinator at (403) 223-5500.

Lot Dimensions	Width:	Depth:	Area:	
Lot Coverage	By proposed build (%):	Total site coverage (%):	Landscaped open space (%):	
Proposed setback from property lines:	Front:	Side 1:	Side 2:	Rear:
Additional Information:	Number of Units:			
	Number of Off Street Parking Spaces:			
	Driveway Width:			
Adjacent to Highway:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Cost of Development:		
If development is temporary, state for what period:	_____			
Existing Use of Site: List existing buildings, structures and use(s) of the land and whether any are to be removed or relocated.	_____			
Proposed Use of Site: Describe in detail - attach additional information if necessary.	_____			
Services:		Existing	Proposed	N/A
Water Supply	Municipally owned and operated piped water system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage Disposal	Municipally owned & operated sanitary sewer system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storm Drainage	Ditches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Swales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed: _____
Applicant

Date: _____

Signed: _____
Registered Owner (If different than applicant)

Date: _____

Signed: _____
Development Officer

Date: _____

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