



RESIDENTIAL ACCESSORY USE DEVELOPMENT PERMIT APPLICATION

TOWN OF TABER: A-4900 50 STREET, TABER, AB T1G 1T1 - 403-223-6009 - PLANNING@TABER.CA

Applicant Information

APPLICANT NAME: _____

MAILING ADDRESS: _____

TOWN: _____ POSTAL CODE: _____

EMAIL: _____ PHONE NUMBER: _____

Owner Information (if different from applicant)

OWNER NAME: _____

MAILING ADDRESS: _____

TOWN: _____ POSTAL CODE: _____

EMAIL: _____ PHONE NUMBER: _____

Property Information (property to be developed)

MUNICIPAL ADDRESS: _____

LOT(S): _____ BLOCK: _____ PLAN: _____

Description of Project

DESCRIBE YOUR PROJECT

Type of Development

TYPE OF DEVELOPMENT PROPOSED (check all that apply)

Garage (attached)

Garage (detached)

Shed

Deck/Patio

Pergola

Pool/Hot Tub

Overheight Fence

Tree House

Other _____

DOES THE DEVELOPMENT REQUIRE ANY WAIVERS?

Note that all waiver requests must go to the Municipal Planning Commission.

Setback

Deck Height

Garage Size

Second Garage

Other _____

Start Date and Cost

ESTIMATED START DATE: _____ ESTIMATED COST: _____

I/We hereby make application under the provisions of Land Use Bylaw 13-2020 for a Development Permit in accordance with the plans and supporting information submitted herewith and which forms part of the application.

APPLICANT SIGNATURE: _____ DATE: _____

REGISTERED OWNER SIGNATURE: _____ DATE: _____

PLANNING OFFICER SIGNATURE: _____ DATE: _____

The personal information on this form is being collected for the purpose of reviewing your application to the municipality of the Town of Taber. The information is collected under the authority of Section 146 of the Municipal Government Act (MGA) and Section 33 of the Freedom of Information and Protection of Privacy Act (FOIPP). Under Section 33 of the FOIPP Act, the Town of Taber reserves the right to collect information that relates directly to and is necessary for an operating program or activity of the public body. Names of applicants will be provided to the public. If you have any questions about the collection of this information, please contact the FOIPP coordinator at 403-223-5500 ext. 5519.

Note: This application does not permit you to commence construction until such a time that the permit has been issued by the Development Authority. Unless otherwise noted on the development permit, a building permit will also be required prior to commencing construction.

Building, electrical, gas, and plumbing permits can be obtained through Superior Safety Codes (403-320-0734).

At the completion of the development, you will be required to submit an updated *Real Property Report* to the Town of Taber to verify that the project has been constructed in the correct location.

Development Application Submission Requirements

THE FOLLOWING ITEMS MUST BE INCLUDED WITH YOUR APPLICATION (1 copy of each)

Site Plan

Building Plan

SITE PLAN REQUIREMENTS:

Lot dimensions

Drainage Plan (directions of site drainage)

Dimensions and locations of all existing and proposed structures (including structures under 10m²)

Dimensions, locations, and heights of all existing and proposed decks/patios

All utility right of ways and easements located within or directly adjacent to the site

Distances between all structures and property lines

Site access with dimensions

Adjacent roads and lanes

North arrow

BUILDING PLAN REQUIREMENTS

Scale and dimensions of exterior walls and interior room(s)

Floor plan of entire building/use

Building elevations and heights from finished grade

Exterior materials, architectural features, and colours to be used
