



DEVELOPMENT PERMIT APPLICATION

Project Address: _____ **Plan:** _____ **Block:** _____ **Lot:** _____

Applicant Information: Owner Contractor Other: _____ **Business License #:** _____

Name: _____ **Contact Person:** _____
Address: _____ **City:** _____ **Prov:** _____
Postal Code: _____ **Phone:** _____ **Email:** _____

Landowner(s) Information: Same As Applicant

Name(s): _____ **Contact Person:** _____
Address: _____ **City:** _____ **Prov:** _____
Postal Code: _____ **Phone:** _____ **Email:** _____

Existing Structures on Property: _____

Proposed Development/Project: _____

Estimated Project Value: _____
Estimated Start Date: _____ **Estimated Completion Date:** _____

Type of Development (Check One):

- | | |
|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Demolition / Site Remediation |
| <input type="checkbox"/> Change in use of an Existing Building | <input type="checkbox"/> Variance for "As Built" |
| <input type="checkbox"/> Change in use of a Commercial Retail Space | <input type="checkbox"/> Commercial Site Improvement |
| <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Basement Development |
| <input type="checkbox"/> Addition to an Existing Building | <input type="checkbox"/> Secondary Suite |
| <input type="checkbox"/> Renovation to an Existing Building | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Prefabricated Building | <input type="checkbox"/> Wheel Chair Ramp |
| <input type="checkbox"/> Electrical Power or Telecommunication | <input type="checkbox"/> Other (Please Specify): _____ |

Property Setbacks (As Applicable) PLEASE PROVIDE MEASUREMENTS IN METRES:

Front: _____ **Rear:** _____ **Side 1:** _____ **Side 2:** _____
Development Length: _____ **Development Width:** _____ **Development Area:** _____
Development Height: _____ **Development Wall Height:** _____
Lot Size (m²): _____ **Total Development Coverage (m²):** _____
Total Development Coverage (%): _____ **Number of Parking Stalls Provided:** _____ **Stalls Required:** _____

PLEASE INCLUDE A SITE PLAN WITH SETBACKS & FLOOR PLAN(S)

Application Fee: _____ **Notification Fee:** _____ **Off-site Levies:** _____ **Total Fee:** _____

Applicant Signature: _____ **Application Date:** _____

OFFICE USE ONLY: City Hall | 4705 - 50 Street | Box 6210 | Wetaskiwin, AB T9A 2E9 | Phone: 780-361-4432 | Fax: 780-352-0101

Permit #: _____ **Roll #:** _____ Permitted **Date Received:** _____
Zoning: _____ **Use:** _____ Discretionary _____
Development Agreement Required: Yes No

The personal information on this form is collected under the authority of Section 32(c) of the Alberta Freedom of Information and Protection of Privacy Act, Section 642 of the Municipal Government Act and/or Section 39 of the Safety Codes Act. The information will be used to process your application(s) and your name and address may be included on the reports that are available to the public. For more information, contact Development Services at (780) 361-4432. Correspondence may be sent to: City of Wetaskiwin, Development Services, PO Box 6210, Wetaskiwin, AB, T9A 2E9