

City of Wetaskiwin

## Change of Use Development Permit

*Note:*

- *Change of use permits are required for businesses that are moving their business into a new location and the proposed business has a Use type that is different from the existing Use type at the new location.*
- *Building permits are required the any renovations are required.*
- *Electrical, Gas, and Plumbing Permits are directly submitted to Superior Safety Codes. For more information, visit [superiorsafetycodes.com](http://superiorsafetycodes.com), e-mail [info@superiorsafetycodes.com](mailto:info@superiorsafetycodes.com), or call 403.358.5545.*

**Applications can be:**

1. Digitally submitted to [permits@wetaskiwin.ca](mailto:permits@wetaskiwin.ca)
2. Dropped off at 4705 50th Avenue, Wetaskiwin
3. Mailed to 4705 50 Avenue, Wetaskiwin, Box 6210, T9A 2E9 addressed to Development Services

For more information, call 780.361.4400 or e-mail [permits@wetaskiwin.ca](mailto:permits@wetaskiwin.ca)

<b>Development Permit Requirements</b>
1. Development Permit Application Form
2. Change of Use Application Form
3. Site Plan shall include:
3.1. North arrow
3.2. Address of the property
3.3. Location of required parking stalls
4. Floor Plan shall include
4.1 North arrow
4.2 Address of the property
4.3 Total floor area
4.4 Room type and size of room
4.5 Location and dimensions of walls (new and existing), windows and door openings
4.6 Details of all structural elements (where necessary)

*Additional supporting documents may be required at the discretion of the Development Authority*

Application Date:

DP File:

Roll Number:

## DEVELOPMENT PERMIT APPLICATION

<b>1. Project Address:</b>				
Project Address:		Plan:	Block:	Lot:
Zoning:		Permitted Use: <input type="checkbox"/>	Discretionary Use: <input type="checkbox"/>	
<b>2. Applicant(s) Information:</b>		<b>3. Landowner(s) Information:</b>		
Owner: <input type="checkbox"/>	Contractor: <input type="checkbox"/>	Business License:		Same as applicant: <input type="checkbox"/>
Name:		Name:		
Address:		Address:		
City:		City:		
Province:	Postal Code:		Province:	Postal Code:
Phone:		Phone:		
Email:		Email:		
Unless otherwise noted, the applicant will receive electronic notification.				
<b>4. Applicant's Signature:</b>				
Applicant Signature:			Date:	
<b>5. Landowner's Signature:</b>				
Landowner Signature:			Date:	
<b>6. Proposed Development Description (Check one):</b>				
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Accessory Use		<input type="checkbox"/> Addition to building	
<input type="checkbox"/> Change of Use	<input type="checkbox"/> Demolition		<input type="checkbox"/> Fence	
<input type="checkbox"/> Intermodal Container	<input type="checkbox"/> Manufactured Home		<input type="checkbox"/> New Construction	
<input type="checkbox"/> Secondary Suite	Variance Required: Yes <input type="checkbox"/> No <input type="checkbox"/>		Variance form must be submitted with the development permit if a variance is required.	
Development Construction Value:				
Commencement Date:			Completion Date:	
<b>7. Proposed Development Setbacks &amp; Dimensions (MUST BE IN METERS):</b>				
Property Setbacks:	Front:	Rear:	Side 1:	Side 2:
Dimensions:	Length:	Width:	Height (to peak):	Wall Height:
Site Coverage (m <sup>2</sup> ):	Lot size:	Dev. Area:	Total Dev. Coverage:	Total Site Coverage:
Parking Stalls:	# of parking stalls required:		# of parking stalls provided:	
Fence Height:	Height 1:		Height 2 (if necessary):	
Fence Length:	Front:	Rear:	Side 1:	Side 2:

## CHANGE OF USE APPLICATION

<b>1. Describe the proposed business activities associated with the proposed use:</b>
<b>2. Have you attached all supporting material relevant to this application? See required documentation.</b>
I have reviewed all the information supplied to the City of Wetaskiwin with respect to the application of a Change of Use and confirm it is true and accurate to the best of my knowledge and belief. I understand that the City will rely on this information in it.
<b>3. Applicant(s) Information:</b>
Name:
<b>4. Applicant's Signature:</b>
Applicant Signature: <span style="float: right;">Date:</span>

*The personal information collected on this form is being collected under the authority of Sections 33 and 39(1)(a)(b) of the Alberta Freedom of Information and Protection of Privacy Act, and Section 301.1 of the Municipal Government Act. The information will be used to process your application(s). Your name, contact telephone number, and address may be used to carry out current and/or future construction, operating programs, services, or activities of the Municipality. If you have questions about the collection, use, or disclosure of the personal information provided, please contact the Freedom of Information and Protection of Privacy Coordinator at 780.361.4400.*

<b>City Use Only:</b>			
Date Received:	Date Deemed Complete:		
Fees Received:	Receipt Number		
Received By:	Entered into Munisight:		
City BP File Number:	Variance Required:	Yes:	No:
Notes:			