



10511 – 103 Street
 High Level, AB
 T0H 1Z0
 Ph: 780-926-2201
 Fax: 780-926-2899
 development@highlevel.ca

General Development

Permit Application

OFFICIAL USE ONLY				
Development Permit #	Roll Number	Non-Refundable Fee	Date Received	Receipt Number
		\$		

Applicant Information

Applicant Name	Registered Land Owner Name
Applicant Mailing Address	Registered Land Owner Mailing Address
Address: City/Town: Province: Postal Code:	Address: City/Town: Province: Postal Code:
Applicant Phone	Registered Land Owner Phone Number
Applicant Email	Registered Land Owner Email Address

Land Information

Urban Legal Address					
Plan		Block		Lot	
Rural Legal Address	Quarter <input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE	Section	Township	Range	Meridian
Civic Address					
Existing Use of Land	Proposed Development				
<input type="checkbox"/> Community <input type="checkbox"/> Agricultural <input type="checkbox"/> Environmental <input type="checkbox"/> Park <input type="checkbox"/> Vacant <input type="checkbox"/> Other _____					



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Development Information

Lot Size <input type="checkbox"/> ft. <input type="checkbox"/> m	Length		Width		Area	
Building Size <input type="checkbox"/> ft. <input type="checkbox"/> m	Length		Width		Height	
	Area		% of Lot Coverage			
Is There existing access to site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will New/ Additional Site Access be constructed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Number of Parking Stalls		
Estimated Project Time and Cost	Start Date		End Date		Cost	\$
Attached is	<input type="checkbox"/> Site Plan		<input type="checkbox"/> Blueprints		<input type="checkbox"/> Floor Plans	
Land Use Zoning	Development Type		Variance Requested			
<input type="checkbox"/> CU <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> RES <input type="checkbox"/> DC	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Structural <input type="checkbox"/> Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Application Checklist

<input type="checkbox"/>	Completed this Application Form	<input type="checkbox"/>	Copy of Certificate of Title – if requested
<input type="checkbox"/>	Application Fee Paid	<input type="checkbox"/>	Completed Site Plan with Dimensions
<input type="checkbox"/>	Registered Land Owner has signed this form, if the Applicant is not the Land Owner		

Applicant Declaration

I/We declare that the information given on this form and any attachments is a true statement of the facts concerning this development. I/We agree to comply with the Safety Codes Act, all applicable codes, regulations and bylaws. I/We hereby give consent to allow Town authorized person(s) the right to enter the above lot and/or buildings with respect to this permit application only.

Personal information on this form is collected in accordance with Section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act for the issuance of development permits, Land Use Bylaw enforcement and property assessment purposes. The name of the permit holder, and the nature of the permit are available to the public upon request. If you have any questions about the collection, use or disclosure of this information, please contact the Municipal Clerk at 780-821-4008.

Signature of Applicant		Date	
Signature of Registered Land Owner		Date	



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Building Use <input type="checkbox"/> Principal <input type="checkbox"/> Accessory		Use <input type="checkbox"/> Permitted <input type="checkbox"/> Discretionary		Variance Approved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Building Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No			Gas Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Plumbing Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Approved subject to permit conditions			<input type="checkbox"/> Refused for the following reason(s)				
Date of Decision		Date of Public Notice		Signature of Development Authority <hr/>			
Date Permit Valid		Date Permit Expires					
IF APPLICABLE							
Corresponding Building Permit #		Safety Codes Officer Name		Safety Codes Officer Designation #			
Safety Codes Officer Signature				Date			




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Site Plan

	 NORTH
	Setbacks from Lot Lines
	Front Yard <input type="checkbox"/> ft. <input type="checkbox"/> m
	Rear Yard <input type="checkbox"/> ft. <input type="checkbox"/> m
	Side Yard (1) <input type="checkbox"/> ft. <input type="checkbox"/> m
Side Yard (2) <input type="checkbox"/> ft. <input type="checkbox"/> m	

If applicable, please include the following information in your drawing:

- location/distance of existing buildings from property lines
- location of access/driveway, and distance from intersections
- location of shelterbelts and/or treed areas
- location of parking and loading areas
- length and width of property
- location/distance of proposed buildings from property lines
- ravines, creeks, lakes, sloughs, and any other water bodies
- location of road(s), road allowances
- location of parking and loading areas