



TOWN OF

**HIGH LEVEL**

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

# General Development

Permit Application

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

### Applicant Information

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

### Land Information

<b>Urban Legal Address</b>						
<b>Plan</b>		<b>Block</b>		<b>Lot</b>		
<b>Rural Legal Address</b>	<b>Quarter</b> <input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE	<b>Section</b>	<b>Township</b>	<b>Range</b>	<b>Meridian</b>	
<b>Civic Address</b>						
<b>Existing Use of Land</b>	<b>Proposed Development</b>					
<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

<b>Lot Size</b> <input type="checkbox"/> ft. <input type="checkbox"/> m	<b>Length</b>		<b>Width</b>		<b>Area</b>	
<b>Building Size</b> <input type="checkbox"/> ft. <input type="checkbox"/> m	<b>Length</b>		<b>Width</b>		<b>Height</b>	
	<b>Area</b>		<b>% of Lot Coverage</b>			
<b>Is There existing access to site?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Will New/ Additional Site Access be constructed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Proposed Number of Parking Stalls</b>		
<b>Estimated Project Time and Cost</b>	<b>Start Date</b>		<b>End Date</b>		<b>Cost</b>	\$
<b>Attached is</b>	<input type="checkbox"/> Site Plan		<input type="checkbox"/> Blueprints		<input type="checkbox"/> Floor Plans	
<b>Land Use Zoning</b>		<b>Development Type</b>		<b>Variance Requested</b>		
<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"/>	<b>Completed this Application Form</b>	<input type="checkbox"/>	<b>Copy of Certificate of Title – if requested</b>
<input type="checkbox"/>	<b>Application Fee Paid</b>	<input type="checkbox"/>	<b>Completed Site Plan with Dimensions</b>
<input type="checkbox"/>	<b>Registered Land Owner has signed this form, if the Applicant is not the Land Owner</b>		

## 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.

<b>Signature of Applicant</b>		<b>Date</b>	
<b>Signature of Registered Land Owner</b>		<b>Date</b>	



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<b>Building Use</b> <input type="checkbox"/> Principal <input type="checkbox"/> Accessory		<b>Use</b> <input type="checkbox"/> Permitted <input type="checkbox"/> Discretionary		<b>Variance Approved</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<b>Building Permit Required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Electrical Permit Required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Gas Permit Required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Plumbing Permit Required</b> <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)				
<b>Date of Decision</b>		<b>Date of Public Notice</b>		<b>Signature of Development Authority</b>  <hr/>			
<b>Date Permit Valid</b>		<b>Date Permit Expires</b>					
IF APPLICABLE							
<b>Corresponding Building Permit #</b>		<b>Safety Codes Officer Name</b>		<b>Safety Codes Officer Designation #</b>			
<b>Safety Codes Officer Signature</b>				<b>Date</b>			




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## Site Plan

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