



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

Driveway Application Form

OFFICIAL USE ONLY				
Development Permit Number	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 Number(s)		Registered Land Owner Phone Number		
Applicant Email Address		Registered Landowner Email Address		
Contractor Business Name				
Contractor Contact Name				
Contractor Mailing Address		Address: City/Town: Province: Postal Code:		
Contractor Phone Number				
Contractor Email Address				

Land Information

Urban Legal Address					
Lot		Block		Plan	
Rural Legal Address	Quarter	Section	Township	Range	Meridian
	<input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE				



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Civic Address					
Land Use Zoning					
<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> IND <input type="checkbox"/> C-1 <input type="checkbox"/> C-3 <input type="checkbox"/> CU <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> RES <input type="checkbox"/> DC					
Existing Use of Land					
Existing Buildings		<input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Existing Building	
Lot Size	Length		Width		Area

Driveway Information

<input type="checkbox"/> New Driveway <input type="checkbox"/> Widened/Enlarged Driveway <input type="checkbox"/> Upgrade/Replacement Driveway					
Driveway Location					
<input type="checkbox"/> Front of Lot <input type="checkbox"/> Rear of Lot <input type="checkbox"/> Side of Lot (corner lots only)					
Existing Driveway Size (if applicable)					
Length		Width		Area	
New Driveway Size					
Length		Width		Area	
Proposed Materials					
<input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Brick/Pavers <input type="checkbox"/> Other _____					
Curb Cut Requested				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Obstacles in Path of Proposed Driveway				<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
<i>Obstacles may include trees, power poles, streetlights, fire hydrants, mailboxes, and cable/phone boxes. Applicable and Registered Land Owners are responsible to ensure that your driveway project does not affect existing utilities and/or Municipal infrastructure.</i>					
Estimate Project Time and Cost	Start Date		End Date		Cost \$



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Applicant Checklist

<input type="checkbox"/>	Completed this Application Form	<input type="checkbox"/>	Registered Land Owner has signed this form, if the Applicant is not the Land Owner
<input type="checkbox"/>	Application Fee Paid	<input type="checkbox"/>	Completed Site Plan of Proposed Driveway

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

OFFICIAL USE ONLY			
Operations Department Inspection Prior to Approval	Date	Approved subject to permit conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refused for the following reason(s)			
Date of Decision	Date of Public Notice	Signature of Development Authority _____	
Date Permit Valid	Date Permit Expires		



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Site Plan

	 NORTH
	Setbacks from Lot Lines
	Front Yard <input type="checkbox"/> ft. <input type="checkbox"/> m <hr style="width: 100%;"/>
	Rear Yard <input type="checkbox"/> ft. <input type="checkbox"/> m <hr style="width: 100%;"/>
	Side Yard (1) <input type="checkbox"/> ft. <input type="checkbox"/> m <hr style="width: 100%;"/>
	Side Yard (2) <input type="checkbox"/> ft. <input type="checkbox"/> m <hr style="width: 100%;"/>

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