



Town of Bonnyville
"It's Multi-Natural"

Town of Bonnyville

DEVELOPMENT PERMIT

APPLICANT INFORMATION					
Applicant Name:				Application Date:	
Mailing Address:					
City/Province:				Postal Code:	
Phone:		Email Address:			
Applicant Interest: (If not the owner)	<input type="checkbox"/> Contractor: <input type="checkbox"/> Agent: <input type="checkbox"/> Other:				
A LETTER OF AUTHORIZATION IS REQUIRED IN THE ABSENCE OF THE OWNER(S) SIGNATURE ON THIS FORM					
Owner Name:					
Owners Mailing Address:					
City/Province:				Postal Code:	
Phone:		Email Address:			
PROPERTY INFORMATION					
Municipal Address:			Land Use District:		
Legal Description:	Lot(s):	Block:	Plan:		
or Part Section:	Section:	Twp:	Range:	Meridian:	
Lot Information:	Width:	Length:	Lot Area: (sqm)		
DEVELOPMENT INFORMATION					
<input type="checkbox"/> New Construction <input type="checkbox"/> Reno/Addition/Alteration/Installation <input type="checkbox"/> Other				Construction Value:	
Description of Development:					
Estimated Start Date:		Estimated Completion Date:		Area of Development: (sqm)	Building Height: (m)
Setbacks: Foundation to Property Line: (m) <small>(New Builds / Accessor Structures etc.)</small>		Front: (m)	Sides: (m)		Rear: (m)
Variance Description: (If variance is being requested):					
A Development Permit is valid for 365 days from date of issuance.					
I/we hereby declare I/we have reviewed and understand the conditions/terms of the Town of Bonnyville Land Use Bylaw and that the development identified in this application will be conducted in accordance with the plans submitted and upon approval, will adhere to the conditions and provisions of the Town of Bonnyville Land Use Bylaw. I/we hereby grant the Development Authority Right of Access to conduct all necessary inspections on the subject property with respect to this application. All work will be conducted in accordance with the plans submitted. I/we further declare that I/we will notify the Development Authority of any proposed changes to the plans submitted with this application.					
Date Signed:		Print Name:		Signature of Applicant:	
Date Signed:		Print Name:		Signature of Owner: (If not the applicant) or letter of authorization	

CONTINUED ON REVERSE

Important Notice: This application does not permit you to commence development until such time a development permit has been issued by the Development Authority. If approval has not been received within 40 days of the date the application is deemed refused, you have the right to file an appeal to the Subdivision Appeal Board.

Contact the SDAB Secretary at (780) 826-3496 for appeal information.

The following information is required to process your application. Failure to submit any of the below may cause unnecessary delays. Additional information may be required as considered necessary by the Development Authority. Should you have any questions regarding Development Permit submission requirements, please contact Planning & Development at 780-826-3496

Check list of submission requirements for Development Permit Applications

Fields that have an asterisk (*) must be provided. Check that all required information has been submitted with the application.

┆ * **Application Fee** (Cheque/Debit/Cash) *Non-Refundable*

┆ * **Certified Copy of Title** (Within 60 Days)

┆ * **A Site Plan** at a scale satisfactory to the Development Officer showing the North Arrow, Scale of Plan, Legal Description of Property, Municipal Address, Land Use District if applicable.

┆ * **Locations and Distances** to property lines from building, structures, decks, retaining walls, landscaping if applicable.

┆ * **Lot Dimensions, Building Area** for all structures if applicable.

┆ * **Lot Grade Plans** to provide positive drainage to an approved drainage course if applicable.

┆ * **All Easements** shown and labeled if applicable.

┆ Offsite Levies (if applicable, to be paid at the time of Building Permit Application) if applicable.

┆ Location of lot access, existing sidewalks and curbs and distance from property line if applicable.

┆ Building Elevations including front, sides, and rear. Building Height to top of roof if applicable.

┆ Building Plans including scale and dimension of exterior and interior walls, listing construction materials, floor plans of all living spaces proposed to be developed if applicable. **(2 Copies required or Digital File)**

The Development Authority may require the following additional information if deemed necessary to assess application:

Typical Commercial, Industrial, and Institutional Additional Required information

┆ *Location of Municipal water, sanitary sewer, storm sewer lines and public utilities (gas, power, telephone, and cable) to be utilized in servicing the property.*

┆ *Plan showing Storm Water Management system submitted and reviewed as condition of Development Permit and prior to Building Permit submission.*

┆ *Geotechnical report(s) - slope stability, soils, etc. prior to Building Permit submission.*

┆ *Environmental Assessment Reports - contaminated soils etc. prior to Building Permit submission.*

┆ *Safety Codes Council Approval for Storage Tank.*

OFFICE USE ONLY

Date Received:

Received By:

Development Permit Fee:

Offsite Levies:

Receipt #:

Development Application #:

Roll #:

Permitted Use:

Discretionary Use DO:

Discretionary Use MPC:

4917 49 Avenue (Bag 1006), Bonnyville, AB • T9N 2J7 • Ph: 780-826-3496 • Fax: 780-826-4806

Email: permits@town.bonnyville.ab.ca

Information on this form is collected for the sole use of the Town of Bonnyville and is protected under the authority of the Freedom of Information and Protection of Privacy Act, Sec. 33 (c) which regulates the collection, use and disclosure of personal information.

**Town of Bonnyville**

4917 49 Avenue Bag 1006
 BONNYVILLE AB T9N 2J7
 Phone: 780 826 3496
 Fax: 780 826 4806
 www.town.bonnyville.ab.ca

SUBMIT APPLICATION TO:

permits@town.bonnyville.ab.ca
 or
 Fax: 780 826 4806

The Inspections Group Inc.

#110, 4910 50 Avenue
 COLD LAKE AB T9M 0G1
 Phone: (780) 594 4301 (888) 853 6411
 Fax: (780) 594 3720 (844) 750 3721
 www.inspectionsgroup.com

BUILDING PERMIT APPLICATION

Roll Number: _____ **Builders Licence:** _____

Application Date (DD/MM/YYYY): _____ **Development Number:** _____

Applicant Type: Homeowner Contractor **Estimated Project Completion Date (DD/MM/YYYY):** _____

Cost of Installation (Labour & Material) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.
****3 Sets of plans / specifications & payment must accompany this application****

Owner Name: _____ **Mailing Address:** _____

City: _____ **Prov:** _____ **Postal Code:** _____ **Phone:** _____ **Fax:** _____

Cell: _____ **Email:** _____

Owner's Signature / Declaration (Single Family Residential Only)
 "I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Contractor Name: _____ **Mailing Address:** _____

City: _____ **Prov:** _____ **Postal Code:** _____ **Phone:** _____ **Fax:** _____

Cell: _____ **Email:** _____

 Contractor/Architect/Engineer Name Signature

Project Location in the Town of Bonnyville:

Street Address: _____

Legal Subdivision: Part of: _____ **Section:** _____ **Township:** _____ **Range:** _____ **West of:** _____

Subdivision Name: _____ **Lot:** _____ **Block:** _____ **Plan:** _____

BUILDING TYPE:	TYPE OF WORK:	BUILDING USE:	BUILDING AREA IN SQ. FT.:
<input type="checkbox"/> Dwelling Unit <input type="checkbox"/> Detached/Attached Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Deck <input type="checkbox"/> Wood Burning Stove/Fireplace Certification # _____ <input type="checkbox"/> Foundation Type _____ <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Relocation <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Use <input type="checkbox"/> Manufactured Home* <input type="checkbox"/> Modular Home* *CSA # _____	<input type="checkbox"/> Single/Multi Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Other (specify) _____ _____	Number of stories _____ Main area _____ 2 nd floor _____ Basement _____ Garage _____ Total Area _____ Deck _____ Basement developed at time of construction? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Work: _____

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit <input type="checkbox"/> Interac Permit Fee: \$ _____ + SCC Levy*: \$ _____ Total Cost: \$ _____ Receipt #: _____ *\$4.50 or 4% of the permit fee maximum \$560.00	OFFICE USE ONLY Issuing Officer's Name: _____ Issuing Officer's Signature: _____ Designation Number: _____ Permit Issue Date: _____
---	--

PLEASE CONTACT THE INSPECTIONS GROUP INC FOR INSPECTIONS. PRIOR TO COVER OR CONCEALMENT ALLOWING TWO WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.
 The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.

Fire Safety Plan for Construction, Renovation or Demolition **(Small Buildings)**

Provide one complete copy to the Town with the Building permit application and have one copy on site.

THIS PLAN MUST BE POSTED AT EACH JOB SITE AND EMPLOYEES ARE EXPECTED TO BE TRAINED IN HOW TO FOLLOW ITS PROVISIONS

Job # _____ Address: _____

Building Name/Site Name: _____

Description of Project: _____

General Considerations:

- A warning system will be in place at all sites to warn of potential threats, and facilitate evacuation
(describe the warning system)

- Each site will have a muster point where workers can be accounted for (Identify the Muster Point)

- A method of notifying the fire department or other emergency agency shall be available at all times
(Identify the methods e.g. cell phones)

- Fire extinguishers will be available at all times at every site while workers are present
- Access to fire hydrants and buildings for fire apparatus must be maintained

Hazards Control:

- At the end of each day combustibles will be cleared from the site area, disposed of in bins, or stored in neat piles
- No open-flame devices will be used inside buildings unless a dedicated watch is in place – this includes hot works
- LPG tanks or flammable liquids containers are not allowed within buildings

Emergency Response Numbers:

FIRE/POLICE/AMBULANCE: 9-1-1

Contact Personnel:

Provide a list of names and telephone numbers of person(s) to be contacted during non-operating hours or in emergency situations. Contact (24 hr.)

This plan is designed in conformance with Section 2.8.2 of the Alberta Fire Code, and on signature, becomes an agreement between the building owner/contractor and the Municipality of Bonnyville Fire Department.

Building Owner/Contractor Signature: _____ (print name)

Date: _____