

Application Date:

DP File:

Roll Number:

DEVELOPMENT PERMIT APPLICATION

| | | | | |
|---|---|---|--|---|
| 1. Project Address: | | | | |
| Project Address: | | Plan: | Block: | Lot: |
| Zoning: | | Permitted Use: <input type="checkbox"/> | Discretionary Use: <input type="checkbox"/> | |
| 2. Applicant(s) Information: | | 3. Landowner(s) Information: | | |
| 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. | | | | |
| 4. Applicant's Signature: | | | | |
| Applicant Signature: | | | Date: | |
| 5. Proposed Development Description (Check one): | | | | |
| <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: | |
| 6. Proposed Development Setbacks & Dimensions (MUST BE IN METERS): | | | | |
| Property Setbacks: | Front: | Rear: | Side 1: | Side 2: |
| Dimensions: | Length: | Width: | Height (to peak): | Wall Height: |
| Site Coverage (m²): | 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: |

CREDIT CARD AUTHORIZATION FORM

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Fee Amount: _____ Invoice/Account Number: _____

Memo: _____

I authorize the City of Wetaskiwin to charge the credit card indicated on this Credit Card Authorization form. This Credit Card Authorization is for service listed in the Memo, for the Fee Amount indicated above, and is valid for one time use only.

The City of Wetaskiwin will not keep Credit Card Authorization forms on file. Credit Card Authorization forms are stored for secure shredding once payment has been processed.

I, _____, certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the Fee Amount indicated in this form.

Cardholder Signature: _____ Date: _____

| | |
|---------------------------|---------------|
| VISA: | MasterCard: |
| Credit Card Number: _____ | Expiry: _____ |
| Name on Card: _____ | CVV: _____ |