

DEVELOPMENT PERMIT APPLICATION



Summer Village of Silver Sands

Development Services
Box 2945, Stony Plain, Alberta T7Z 1Y4
Phone: 1-780-718-5479
Fax: 1-866-363-3342
Email: pcm1@telusplanet.net

Application Number: _____

Application Received Date: _____

Application Deemed Complete: _____

PROJECT LOCATION – REQUIRED

Suite:	Street Address:	Street Name:
Legal Description: Unit / Lot / Block / Plan or Quarter / Section / Township / Range / Meridian		
/	/	/

TYPE OF USE – REQUIRED

New Construction	Addition	Fence	Other
Garage	Show Home to Single Detached	Temporary Business	
Accessory Building/ Shed	Change of Occupancy or Use	Variance	
Accessory Structure/Deck	Secondary Suite	Sign	

PROJECT DESCRIPTION - REQUIRED

NEW CONSTRUCTION – REQUIRED

Residential Single Detached Semi Detached	Multi-family Dwelling Number of units: _____	Commercial Industrial Institutional Total Area: _____ m ²
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GARAGES/ACCESSORY BUILDINGS/ADDITIONS/ STRUCTURES /DECKS / FENCES – REQUIRED

Total Area (m ²):	Height (if applicable):	Residential Commercial Industrial Institutional
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CHANGE OF OCCUPANCY OR USE – COMPLETE ONLY IF APPLYING FOR CHANGE OF USE OR OCCUPANCY OR FAMILY DAY HOME

Total Area (m²):

FAMILY DAY HOME – COMPLETE ONLY IF APPLYING FOR A FAMILY DAY HOME

Are room alterations involved: YES NO If yes – Number of Rooms: _____ List Rooms: _____

Describe alterations:

Provide a detailed description of materials, equipment and/or vehicles including utility trailer(s) that will be used and where they will be stored:

Number of resident employees: (employees that reside in the home):	Number of children (including children under the age of 5 who are otherwise permanent residents of the dwelling):
Hours of Operation:	Number of daily business visits to the property:
Number of household vehicles:	Number of onsite parking stalls:

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Temporary:	Balloon Billboard Portable - # of 30 day periods _____ Developer Marketing Development Directional Other	Permanent :	Freestanding Fascia / Wall / Projecting / Roof / Canopy Changeable Copy Other
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SECONDARY SUITE – COMPLETE ONLY IF APPLYING FOR A SECONDARY SUITE

The proposed secondary suite is located within: The principal dwelling unit The second story of a detached garage An accessory building Other (describe): _____	Floor area of the secondary suite (m ²):	Number of bedrooms in the secondary suite:
	Floor area of the principal dwelling unit (m ²):	
	Number of parking stalls available on site: * Please note the location of all parking stalls on the accompanying site plan.	

OWNER OR REPRESENTATIVE – REQUIRED

I am the registered owner of the land described above	I have been designated as the representative of the owner (written consent attached)
Owner Name:	Agent Name:
Signature:	Signature:

MAILING ADDRESS (OWNER) – REQUIRED

Mailing address:	City:	Province:	Postal Code:
Phone no.:	Fax no.:		
Email Address:			

APPLICANT SAME AS OWNER/REPRESENTATIVE – REQUIRED

Applicant Name:	Phone no.:	Fax no.:	
Company Name:	Email Address:		
Mailing address:	City:	Province:	Postal Code:

I acknowledge that if the development permit application is approved it is subject to an appeal period as per the Municipal Government Act, RSA 2000, c-26.1 and that the decision may be ultimately overturned or amended. I do accept that if I commence development prior to the appeal expiry date, I am doing so with the appropriate development and building permits issued and at my own risk accepting all legal responsibilities.

Applicant's signature

Date