

OFFICE USE ONLY

Application No.: APPN- _____ Development Permit No.: _____
 Application Fee: _____ ☐ DB ☐ MC ☐ VISA ☐ CHQ ☐ CSH ☐ ONLINE Receipt No.: _____ Land Use District: _____
 Date Received: _____ Rec'd By: _____ Deemed Complete: _____ DC By: _____

IMPORTANT: THIS IS NOT A BUILDING PERMIT

Any approvals granted regarding this application does not excuse the applicant from complying with the requirements of any Federal, Provincial, or other Municipal legislation or the conditions of any easement, restrictive covenant or agreement affecting the buildings or lands.

APPLICANT/LANDOWNER INFORMATION

Applicant Name:			Registered Owner Name(s): <i>(If different from Applicant)</i>		
Mailing Address:			Mailing Address:		
City:	Province:	Postal Code:	City:	Province:	Postal Code:
Phone:	Cell:		Phone:	Cell:	
Email:			Email:		

PROJECT LOCATION

Municipal Address			Roll Number			
Lot:	Block	Plan	Section	Township	Range	Meridian

PROPOSED DEVELOPMENT

Existing Use of Land or Building(s) on the Property:
Describe Proposed Development:
Project Value:

SIGNATURE

I/We hereby make application for a development permit under the provisions of the Town of Westlock Land Use Bylaw in accordance with the plans and supporting information submitted herewithin and which forms part of this application.

I/We agree that in the event of a Development Permit being granted for this application, I/We will comply in all aspects with the conditions subject to which it is granted and any Bylaws or legislation pertinent to this application and the proposed development.

I/We understand that any development and construction may not proceed prior to permit issuance and any commencement of development or construction prior to permit issuance is subject to penalties and/or a Stop Work Order.

Applicant Signature	Property Owner Signature
Print Name	Print Name

In order for your Development Permit Application to be deemed complete for acceptance and processing the following information must be provided.

Description of Business

- ☐ Name of Business: _____
- ☐ Description of Business: _____
- ☐ Traffic Impact (number of vehicles per day): _____
- ☐ Days & Hours of Operation: _____
- ☐ Number of Employees: _____ ☐ onsite / ☐ offsite
- ☐ Floor Area Occupied by the Business: _____
- ☐ Location of Business on Property (ie. basement, garage, etc.): _____
- ☐ Type of Items/ Equipment Related to Business (including vehicles) stored on-site: _____

- ☐ Products sold on premises: _____

- ☐ Number of anticipated customers/clients on site at any one time: _____
- ☐ Maximum number of anticipated customers or clients on site per week: _____
- ☐ Number of off-street parking stalls available: _____
- ☐ Business identification sign size and location: _____

Additional Notes

Application Status (TO BE FILLED OUT BY OFFICE STAFF ONLY)

This application was received by the Development Authority and **deemed complete** on:

Date: _____ DA initial: _____

OR

This application was received by the Development Authority and **will be examined for completeness** within 20 days of receipt

Date: _____ DA initial: _____