

Residential Development Permit Checklist

To ensure your application is reviewed in a timely manner, please find your project type from the options below for a list of additional submittal requirements. Please ensure all materials submitted are clear and legible.

If you are applying for a commercial, industrial, institutional or multi-unit (>4 units) residential development, please refer to the Non-Residential Development Permit Application Package on the Town's website (www.westlock.ca) or contact Planning & Development at (780) 349-4444.

REQUIRED FOR ALL DEVELOPMENT PERMIT APPLICATIONS					
~	Required Submittal				
	Completed Application Form				
	Application Fee				
	Applicant and Registered Owner signatures on the Application Form				
	or				
	Signature of Applicant and a Letter of Authorization from the Registered Owner				

ADDITIONAL SUBMITTALS BY PROJECT TYPE						
ADDITION (INCLUDING COVERED DECK)			SECONDARY SUITE			
\checkmark	Required Submittal	~	Required Submittal			
	Site Plan (a Real Property Report can be used) indicating proposed location, size and setbacks to property lines and other buildings on site		Site Plan (a Real Property Report can be used) indicating location and stall size of available parking on site			
	Drawings of proposed addition	Floor Plan of proposed suite indicatir room dimensions and uses, and location of doors and windows				
UNCOVERED DECK			ACCESSORY BUILDING (SHED, GARAGE, GAZEBO, ETC.)			
\checkmark	Required Submittal	\checkmark	Required Submittal			
	Site Plan (a Real Property Report can be used) indicating proposed location, size and setbacks to property lines		Site Plan (a Real Property Report can be used) indicating proposed location, size and setbacks to property lines and other buildings on site			
	HOME OCCUPATION		Accessory Building Details Sheet (separate form*)			
~	Required Submittal		Drawings of proposed building			
	Home Occupation Supporting Information (separate form*)		(optional) indicating overall height			
NEW HOME CONSTRUCTION						
\checkmark						
	Surveyor's Plot Plan (Hard Copy or Digital) showing lot elevations, sanity service & storm sewer invert and driveway location					

*Separate forms can be obtained on our website or by contacting Planning & Development at (780) 349-4444

Proof of New Home Warranty Insurance Proof of Provincial Builder Licensing



Development Permit Application Form

Development Application No.: ____

Office use only				
Application Fee:		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:	(if different from Applicant) Registered Owner Name(s):
Mailing Address:	Mailing Address:
City: Province: Postal Code:	City: Province: Postal Code:
Ph: Cell:	Ph: Cell:
Email	Email

Project Location								
Municipal Address		Roll Number						
Lot(s)	Block	Plan	Section	Township	Range	Meridian W4		

Proposed Development Information

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 herewith 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 respects with the conditions subject to which it is granted and any Bylaws or legislation pertinent to this application and to the proposed use.

Applicant Si	anature

Property Owner Signature

Print Name

Print Name

The personal information provided by you is being collected under the authority of the *Municipal Government Act* and will be used for the purposes under that Act. The personal information that you provide may be made public, subject to the provisions of the *Freedom of Information and Protection of Privacy Act* (FOIP). If you have any questions about the collection, use, and disclosure of this information, please contact the FOIP Coordinator at the Town of Westlock at 780-349-4444.

*All development and construction that occurs prior to permit issuance is subject to a penalty which amounts to double the current permit fee. A Stop Work Order may also be issued.



Town of Westlock 10003 106 Street Westlock, AB T7P 2K3 Phone: 780-349-4444 Fax: 780-349-4436 planning@westlock.ca



Inspection Requests: Superior Safety Codes Inc. 14613-134 Avenue Edmonton, AB T5L 459 Phone: 780-489-4777 Fax: 780-489-4711

splication Date: construction Value (Labor + Materials): \$ Estimated Start Date: construction Value (Labor + Materials): \$ Mailing Address: construction Value (Cabor + Materials): \$ Mailing Address: constructor Name: Prov: Postal Code: Phone: Cell: Fax: Email:	Applicant: 🛛 Owner 🛛 Contra	ctor		Permit I	Number: 345345	-В
Prov: Postal Code: Phone: Email: Owners Signature " Email:	pplication Date:			D	evelopment Permit:	
Prov: Postal Code: Phone: Email: Owners Signature "I hereby declare I am the owner of the premises in which the work will be conducted, and reside on the property. I am doing the work assume responsibility for compliance with the applicable Act and Regulations" Contractor Name: Mailing Address: City: Prov: Postal Code: Phone: Cell: Fax: Email: Email: Email: Email: Email: Contractor/Architect/Engineer Name Signature Business License Nun Project Location in the Town of Westlock: Street Address: Roll Number: Email: Lot: Block: Plan: Roll Number: W4 Building Occupancy: Image of Work: Building Area in Sq. Ft.: New Home C I single Family Dwelling New Construction Nami Area Projects Only I high Density Residential New Construction Basement Projects Only I high Density Residential Demolition Garage Provincial Bu I notitutional Demolition Superside Safetry CODES OFFICE USE ONL Issuing Officer's Name: Payment Type: Cash Chequip Visa Online	onstruction Value (Labor + Materia	ıls): \$	Estimated Start I	Date: Esti	Estimated Completion Date:	
Owners Signature "I hereby declare I am the owner of the premises in which the work will be conducted, and reside on the property. I am doing the work assume responsibility for compliance with the applicable Act and Regulations" Contractor Name:	Owner Name:		Mailing Address:		City:	
"I hereby declare I am the owner of the premises in which the work will be conducted, and reside on the property. I am doing the work assume responsibility for compliance with the applicable Act and Regulations" Contractor Name:	Prov: Postal Code:	Phone:		Email:		
City: Prov: Postal Code: Phone: Cell: Fax: Email: Email: Email: Email: Contractor/Architect/Engineer Name Signature Business License Nun Project Location in the Town of Westlock: Street Address: Roll Number: Email: Lot: Block: Plan: Range: W4 Building Occupancy: Section: Township: Range: W4 Building Occupancy: New Construction Number of Stories Projects Only Main Area Addition Addition Basement Provincial Bu Industrial Demolition Basement Provincial Bu Institutional Other Other Total Area Provincial Bu Payment Type: Cash Cheque Visa Online Superiors's Name: Issuing Officer's Name: Issuing Officer's Signature: Designation Number: Designat	"I hereby declare I am the owner of the			ucted, and reside on the p	property. I am doing the work m	yself, and
Fax: Email: Contractor/Architect/Engineer Name Signature Business License Nun Project Location in the Town of Westlock: Street Address: Roll Number: Lot: Block: Plan: Lot: Block: Plan: Legal Subdivision: Part of: Section: Type of Work: Building Area in Sq. Ft.: New Home C Projects Commercial New Construction Number of Stories Projects Only Semi/Multi Attached Dwelling Relocation 2nd Floor Projects Only Industrial Demolition Basement Provincial Bu Institutional Demolition Garage Provincial Bu Other Other Demolition Issuing Officer's Name: Issuing Officer's Name: Permit Fee: + SCC Levy* Issuing Officer's Signature: Designation Number: Designation Number: Designation Number:	Contractor Name:		Mailing Addre	255:		
Contractor/Architect/Engineer Name Signature Business License Num Project Location in the Town of Westlock:	City: Pr	ov:Postal (Code:	Phone:	Cell:	
Contraction in the Town of Westlock: Street Address:	Fax:	Email:				
Street Address:	Contractor/Architect/Engineer	Name	Signatu	re	Business License Numbe	er
Lot: Block: Plan: Legal Subdivision: Part of: Section: Township: Range: W4 Building Occupancy: Section: New Construction Building Area in Sq. Ft.: New Home O Projects Only Relocation Namber of Stories Projects Only Single Family Dwelling Relocation Number of Stories Projects Only High Density Residential Demolition Basement Provincial Bu Industrial Demolition Garage Provincial Bu Other Other Other Provincial Bu Description of Work:	Project Location in the Town of W	estlock:				
Legal Subdivision: Part of: Section: Township: Range: W4 Building Occupancy: Section: Type of Work: Number of Stories Projects Only Single Family Dwelling New Construction Number of Stories Projects Only Semi/Multi Attached Dwelling Relocation Number of Stories Projects Only High Density Residential Addition 2nd Floor NHW#: Provincial Building Area Industrial Demolition Garage Provincial Building Area Provincial Building Area Other Other Demolition Garage Provincial Building Area NHW#: Description of Work:	Street Address:			Roll Number:		
Building Occupancy: Type of Work: New Construction Single Family Dwelling New Construction Number of Stories Projects Only High Density Residential Addition New Construction Nain Area NHW#: Commercial Addition Basement NHW#: Industrial Demolition Basement Provincial Bu Other Other Other Total Area Payment Type: Cash Cheque Visa Online SUPERIOR SAFETY CODES OFFICE USE ONL Permit Fee: + SCC Levy* Issuing Officer's Name:	Lot: Block: P	lan:				
Single Family Dwelling New Construction Number of Stories Projects Only Semi/Multi Attached Dwelling Relocation Main Area High Density Residential Addition 2 nd Floor Commercial Renovation Basement Industrial Demolition Garage Provincial Bu Other Other Other Payment Type: Cash Cheque Visa Online SUPERIOR SAFETY CODES OFFICE USE ONL Issuing Officer's Name:	Legal Subdivision: Part of:	_ Section:	_Township:	_Range: W4	L	
Semi/Multi Attached Dwelling Relocation High Density Residential Addition Commercial Renovation Industrial Demolition Institutional Manufactured/ Modular Home Other Other Payment Type: Cash Cheque Wisa Online M/C Amex Interac Permit Fee: + SCC Levy* Issuing Officer's Signature: *\$4.50 or 4% of the permit fee (whichever is greater), maximum \$560.00	Building Occupancy:			Building Area in Sq. F	t.: New Home Cor	struction
High Density Residential Addition Commercial Renovation Industrial Demolition Institutional Manufactured/ Modular Home Other Other Description of Work: Payment Type: Cash Cheque Visa Online M/C Amex Interac Permit Fee: + SCC Levy* Supervise Signature: *\$4.50 or 4% of the permit fee (whichever is greater), maximum \$560.00			ction			
Commercial Renovation Industrial Demolition Institutional Manufactured/ Modular Home Other Other Description of Work: Payment Type: Cash Cheque Visa Online M/C Amex Interac Issuing Officer's Name: Permit Fee: + SCC Levy* Issuing Officer's Signature: *\$4.50 or 4% of the permit fee (whichever is greater), maximum \$560.00						
Industrial Demolition Institutional Manufactured/ Modular Home Other Other Description of Work: Payment Type: Cash Cash Cheque Visa Online M/C Amex Interac Permit Fee: + SCC Levy* Issuing Officer's Signature: Permit Fee: Permit Fee: *\$4.50 or 4% of the permit fee (whichever is greater), maximum \$560.00	e .					
Institutional Other Other Description of Work: Payment Type: Cash Cheque Visa Online M/C Amex Interac SUPERIOR SAFETY CODES OFFICE USE ONL Issuing Officer's Name: Issuing Officer's Signature: Total Cost: Receipt #: *\$4.50 or 4% of the permit fee (whichever is greater), maximum \$560.00						er License #
Other Description of Work: Payment Type: Cash Cheque Visa Online M/C Amex Interac Issuing Officer's Name: Issuing Officer's Signature: Total Cost: Receipt #: *\$4.50 or 4% of the permit fee (whichever is greater), maximum \$560.00			d/ Modular Home	-		
Payment Type: Cash Cash Cheque Visa Online M/C Amex Interac Permit Fee: + SCC Levy* Issuing Officer's Signature: Superior Total Cost: Receipt #: *\$4.50 or 4% of the permit fee (whichever is greater), maximum \$560.00 SUPERIOR SAFETY CODES OFFICE USE ONL Superior Superior	Other	□ Other	·			
M/C Amex Interac Permit Fee: + SCC Levy* Issuing Officer's Name: Issuing Officer's Signature: Total Cost: Receipt #: *\$4.50 or 4% of the permit fee (whichever is greater), maximum \$560.00	Description of Work:					
M/C Amex Interac Permit Fee: + SCC Levy* Issuing Officer's Name: Issuing Officer's Signature: Total Cost: Receipt #: *\$4.50 or 4% of the permit fee (whichever is greater), maximum \$560.00						
Permit Fee:		online	SUPERIOR SAFETY CODES OFFICE USE ONLY			
Total Cost: Receipt #: Designation Number: *\$4.50 or 4% of the permit fee (whichever is greater), maximum \$560.00 Designation Number:		L mterac	Issuing (Officer's Name:		
Total Cost: Receipt #: Designation Number: *\$4.50 or 4% of the permit fee (whichever is greater), maximum \$560.00 Designation Number:	Permit Fee: + SC	C Levy*	Issuing (Officer's Signature:		
			Designa	tion Number:		
Permit Issue Date:	*\$4.50 or 4% of the permit fee (whichever is greater), maximum \$560.00			ssue Date:		

PLEASE CONTACT SUPERIOR SAFETY CODES INC. FOR INSPECTIONS ALLOWING FOR TWO WORKING DAYS NOTICE.

The personal information provided as part of this application in collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.

The Permit holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations. Section 25(1) of the Permit Regulations AR 204/2007 of the Safety Codes Act RSZ 20000, Chapter S-1 states "A permit expires if the undertaking to which it applies: (a) Is not commenced within 90 days from the date of issue of the permit, (b) is suspended or abandoned for a period of 120 days." This permit expires after 90 days if work has not started and an extension has not been requested. Please note that a onetime ninety (90) day extension can be considered when applied for in writing prior to a permit expiry date.

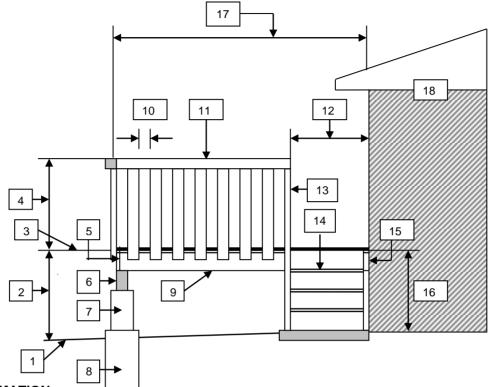


DECKS, GUARDRAILS, HANDRAILS, STAIRS

PERMIT NO.:_____

OWNERS NAME: _____

PROJECT LOCATION: _____



REQUIRED INFORMATION:

- 1. Grade: 2% slope for drainage
- 2. Deck height from grade: Specify _____
- 3. Floor decking: Specify _____
- 4. Height of guard rail from deck
 36" (for 2' to 6' deck height above grade)
 42" (for 6' over deck height above grade)
- 5. End joist size:
- 6. Built up beam size:
- 7. Wood column size: _____
- 8. Foundation Type: _____ *Pile foundations (steel or concrete) require engineering*
- 9. Floor joist size and spacing:
- 10. 4" max space between railings
- 11. Type of railing:

- 12. 34" minimum stair width
- 13. Handrail height: _______ Handrail is required if stairs have more than 3 risers (minimum 34"; maximum 38")

Guardrail height for stair:______(*minimum 36"*)

- 14. Stair tread size:
- 15. Ledger (rim) board size (same size as joist) Size:
- 16. Stair: Rise: 5" to 8" Run: 10" to 15"
- 17. Joist span size: _____
- 18. Existing house

Calgary Edmonton Lloydminster Red Deer Lethbridge 25, 2015 - 32 Avenue NE 14613 - 134 Avenue Unit 2, 1724 - 50 Avenue 3, 6264 - 67A Street 422 North Mayor Magrath Drive Ph: 403-717-2344 Ph: 780-489-4777 Ph: 780-870-9020 Ph: 403-358-5545 Ph: 403-320-0734

T2E 6Z3

T5L 4S9

T9V 0Y1

T4P 3E8

T1H 6H7

Fax: 403-717-2340 Fax: 780-489-4711 Fax: 780-870-9036 Fax: 403-358-5085 Fax: 403-320-9969 Toll Free Ph: 1-888-717-2344 Toll Free Ph: 1-866-999-4777

Toll Free Ph: 1-888-358-5545 Toll Free Ph: 1-877-320-0734 Toll Free Fax: 1-888-717-2340 Toll Free Fax: 1-866-999-4711

Toll Free Fax: 1-866-358-5085