



Development Permit # \_\_\_\_\_

Application Date: \_\_\_\_\_

**APPLICATION FOR RESIDENTIAL CARE PERMIT**

**1. GENERAL INFORMATION:**

*(Please complete contact information on the second page)*

**Landowner:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**2. PROPERTY:**

Address to be Developed: \_\_\_\_\_

Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ or, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - W5  
Qtr. Sec. Twp. Rge. Mer

Land Use District \_\_\_\_\_ Roll # \_\_\_\_\_

**3. PLEASE INCLUDE A DESCRIPTION OF YOUR PROPOSED DEVELOPMENT:**

\_\_\_\_\_

\_\_\_\_\_

**4. FEES, DEPOSITS, ETC.:**

Application Fee	\$ _____
Development Deposit	\$ _____
Offsite Levies	\$ _____
Intersection/Road Charges	\$ _____
Variance	\$ _____
Other ( _____ )	\$ _____
<b>Total</b>	<b>\$ _____</b>

**Note:** Only the application fees are payable at time of application. The Offsite Levies and other fees/charges may be paid by post-dated cheque and cashed at the end of the Development Permit appeal period. The Development Deposit may also be paid by Letter of Credit.

**The Development Deposit is refunded upon satisfactory completion of all the conditions of the Development Permit. Please ensure you and your contractor(s) have read and understood these conditions. Should you have any questions about your permit, we would be happy to assist you.**

**CONTACT INFORMATION:**

**Applicant:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell/Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

(If Different Than Above)

**Landowner:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell/Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

**The personal information is being collected under the authority of the Municipal Government Act M-26.1 and will be used for administering the affairs of the Town of Slave Lake and provision of services. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Town of Slave Lake FOIP Coordinator.**

- I hereby acknowledge and understand that a Development Permit comes into effect 21 days after the date of decision of the Development Authority.
- The Land Use Bylaw provides that any person claiming to be affected by a decision of the Development Authority may appeal to the Subdivision and Development Appeal Board within 21 days of the date of decision.
- I hereby agree that, should I not appeal the conditions of the approval of the DEVELOPMENT AUTHORITY within 21 days from the date of the decision, I will undertake to perform, fulfill and abide by all conditions of the Development Permit.
- I understand that I may be required to obtain permits pursuant to the Alberta Safety Codes Act.

\_\_\_\_\_  
Name of Applicant (Please Print in Block Letters)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Landowner (Please Print in Block Letters)

\_\_\_\_\_  
Signature of Landowner

\_\_\_\_\_  
Date

5. **CONSENT TO ELECTRONIC NOTIFICATION:**

I consent to receive documents from the Planning Department by electronic means and have provided the following e-mail address to be used by the Town for that purpose.

*E-mail address to be used:* \_\_\_\_\_

\_\_\_\_\_  
Landowner's Name (**printed**)                      Landowner's Signature                      Date

\_\_\_\_\_  
Applicant's Name (**printed**)                      Applicant's Signature                      Date

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6. **RIGHT OF ENTRY:**

**RIGHT OF ENTRY BY AN AUTHORIZED PERSON OF THE TOWN OF SLAVE LAKE FOR THE PURPOSES OF SITE INSPECTIONS OF THE LAND AFFECTED BY A PROPOSED DEVELOPMENT PERMIT APPLICATION.**

**I DO**                      **OR**                       **I DO NOT**

**GIVE CONSENT FOR AN AUTHORIZED PERSON(S) OF THE TOWN OF SLAVE LAKE TO ENTER UPON THE LAND THAT IS SUBJECT TO A DEVELOPMENT PERMIT APPLICATION FOR THE PURPOSES OF MAKING A SITE INSPECTION IN ORDER TO:**

- **PRE-DEVELOPMENT INSPECTION(S)** EVALUATE THE SITE WITH THE PROPOSED DEVELOPMENT
- **LOT GRADING INSPECTION(S)** EVALUATE THE LOT GRADING ON SITE
- **FINAL DEVELOPMENT COMPLETION INSPECTION(S)** CONFIRM ALL CONDITIONS OF THE DEVELOPMENT PERMIT HAVE BEEN MET.

All inspections will be conducted during regular business hours i.e. Monday to Friday from 8:00 am to 4:30 pm. You are not required to be present during these inspections however you may be present if you so choose. The Planning Department will not be entering into any structures at any time and will not be conducting inspections for any other reason(s) than those specified above.

**Please be advised that if consent is given, the Planning Department will not provide further notice before conducting these inspections.**

**SUBJECT LAND:** \_\_\_\_\_  
(CIVIC ADDRESS)

\_\_\_\_\_  
Landowner's Name (**printed**)                      Landowner's Signature                      Date

**7. RESIDENTIAL CARE FACILITY PERMIT CHECKLIST:**

- Is the proposed development next to a power line? *(circle one)* Y or N
- Is the proposed development in the Downtown core? *(circle one)* Y or N
- Existing Use of Land \_\_\_\_\_
- Estimated Cost of proposed development \$ \_\_\_\_\_
- Number of Employees involved in the operation of the proposed Facility \_\_\_\_\_
- Type of Facility \_\_\_\_\_
- Hours of Operation \_\_\_\_\_
- Estimated number of Residents who will reside in the Facility \_\_\_\_\_
- Number of available on-site Parking stalls \_\_\_\_\_
- Please attach the following:
  - Site Plan drawn to scale
  - Complete set of Drawings (Blue Prints) of Proposed Building in paper and digital form
  - Lot Grading Plan
  - Landscaping Plan
  - Floor Plan if renovating existing Building
  - Height of Building \_\_\_\_\_
  - Site Servicing Plan
  - Parking Plan showing dimensions of stall and maneuvering aisles
  - Access and Egress Plan
- What is the Existing Use? \_\_\_\_\_
- Are there any existing Structures on this Site? \_\_\_\_\_
- Location of Fire Access Area \_\_\_\_\_
- Location and Number of Fire Hydrants \_\_\_\_\_
- Location of Key Box \_\_\_\_\_

Please provide a description of the services and/or program provided in the facility is attached.

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