



Development Permit # _____
Application Date: _____

APPLICATION FOR OCCUPYING SPACE OR CHANGE IN USE 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

Land Use District _____ Roll # _____ Qtr. Sec. Twp. Rge. Mer

3. TYPE OF DEVELOPMENT AND/OR USE:

- Change of Use
- Occupying Space

Please include a description of your proposed development:

4. FEES, DEPOSITS, ETC.:

Application Fee	\$ _____	
Variance	\$ _____	
Other (_____)	\$ _____	
Total	\$ _____	

Note: Only the application fees are payable at time of application.

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 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

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. **However, if this application is for an Apartment, a Secondary Suite, a Security Suite or a Bunkhouse the Planning Department will conduct an inspection of the interior of these developments.**

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. CHANGE OF USE/OCCUPYING SPACE CHECKLIST:

- Type of Business _____
- Type of Sign(s) _____
- Size of Sign(s) _____
- Location of Sign(s) _____
- Number of Signs required _____
- Are the Sign(s) illuminated? (*circle one*) Y or N
- Do the Sign(s) contain digital components? (*circle one*) Y or N
- Please attach a Sketch and/or Pictures of the Signs
- Parking Plan Attached. Please show number and dimensions of stalls allocated for this site.**
- Total Area of Space occupied for the business: _____

8. CANNABIS STORE CHECKLIST:

- Please note that the required separation distance from a Cannabis Store to a school or future school site or Provincial Health Services Facility must be a minimum of 50 m.** The minimum separation distance between uses will be measured from property line to property line as determined by the Town of Slave Lake utilizing the Town’s GIS Mapping System. If the applicant is not in agreement with the separation distance determined by the Town, they must acquire and submit alternate measurements obtained and prepared by an Alberta Land Surveyor.
- Is the store located within the Downtown? (*circle one*) Y or N

Please sketch the location of the sign on the site here. If you have a picture of the sign please include it. Please include the proposed wording on the sign.