



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

\$ 300.00

Other (_____)

\$ _____

Total\$ 300.00

Note: Only the application fees are payable at the 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.

Should you have any questions about your permit, we would be happy to assist you.

5. 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.

Landowner's Name *(please print)*

Landowner's Signature

Date

Applicant's Name *(please print)*

Applicant's Signature

Date

6. CONSENT TO ELECTRONIC NOTIFICATION

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

Email address to be used: _____

Landowner's Name *(please print)*

Landowner's Signature

Date

Applicant's Name *(please print)*

Applicant's Signature

Date

7. 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 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 *(please print)*

Landowner's Signature

Date

8. 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/Blueprints 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(s) provided in the proposed facility.
