



TOWN OF FORT MACLEOD
RESIDENTIAL SECONDARY SUITE
PERMIT APPLICATION

FOR OFFICE USE ONLY
Date Received: _____
Accepted By: _____
Date Deemed Complete: _____
Application No. (if applicable): _____
Roll No.: _____
Fee: _____

Date of Application: _____

IMPORTANT NOTICE: This application **does not** permit you to commence construction until such time as a permit has been issued by the Development Authority. If approval has not been received within 40 days of the date the application is deemed complete, you have the right to file an appeal to the Subdivision and Development Appeal Board.

**THIS DOES NOT CONSTITUTE A BUILDING PERMIT.
A SEPARATE BUILDING PERMIT MUST BE OBTAINED BEFORE CONSTRUCTION BEGINS.**

APPLICANT INFORMATION

Name of Applicant
(please print): _____

Phone (primary): _____

Mailing Address: _____

Phone (alternate): _____

Fax: _____

City: _____

Email: _____

Postal Code: _____

Check this box if you would like to receive documents through email.

Is the applicant the owner of the property? Yes

No

IF "NO" please complete box below



Name of Owner: _____	Phone: _____
Mailing Address: _____	Applicant's interest in the property: <input type="checkbox"/> Agent <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other _____
City: _____	
Postal Code: _____	

PROPERTY INFORMATION

Municipal Address: _____

Legal Description: Lot(s) _____ Block _____ Plan _____

Land Use District: _____

What is the existing use? _____

DEVELOPMENT INFORMATION

1. Number of off-street parking spaces available on the property (not including garage): _____

2. Will the secondary suite be located in:

An Existing Home A New Construction

3. Is there currently a secondary suite located on the property?

Yes No

4. Will the secondary suite contain a separate entrance on the exterior of the home?

Yes No

If answered yes, please indicate the location of the separate entrance:

BUILDING REQUIREMENTS

	Principal Building	Accessory Building	Office Use
Parcel Size	<input type="checkbox"/> m ² <input type="checkbox"/> ft ²	<input type="checkbox"/> m ² <input type="checkbox"/> ft ²	
Building Size	<input type="checkbox"/> m ² <input type="checkbox"/> ft ²	<input type="checkbox"/> m ² <input type="checkbox"/> ft ²	
Height of Building	<input type="checkbox"/> m <input type="checkbox"/> ft.	<input type="checkbox"/> m <input type="checkbox"/> ft.	
Size of Suite	<input type="checkbox"/> m <input type="checkbox"/> ft.	<input type="checkbox"/> m <input type="checkbox"/> ft.	
Proposed Setbacks from Property Lines			
Front	<input type="checkbox"/> m <input type="checkbox"/> ft	<input type="checkbox"/> m <input type="checkbox"/> ft	
Rear	<input type="checkbox"/> m <input type="checkbox"/> ft	<input type="checkbox"/> m <input type="checkbox"/> ft	
Side	<input type="checkbox"/> m <input type="checkbox"/> ft	<input type="checkbox"/> m <input type="checkbox"/> ft	
Side	<input type="checkbox"/> m <input type="checkbox"/> ft	<input type="checkbox"/> m <input type="checkbox"/> ft	
Parcel Type:	<input type="checkbox"/> Interior Lot <input type="checkbox"/> Corner Lot		

DECLARATION OF APPLICANT/AGENT

The information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts in relation to the application for a Development Permit. I also consent to an authorized person designated by the municipality to enter upon the subject land and buildings for the purpose of an inspection during the processing of this application.

IMPORTANT: This personal information is being collected under the authority of the Town of Fort Macleod for development. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. For more information contact the Town of Fort Macleod FOIP Coordinator at 403-553-4425.

APPLICANT

Registered Owner (if not the same as applicant)

TOWN OF FORT MACLEOD

SECONDARY SUITE PERMIT APPLICATION

DEVELOPMENT APPLICATION SUBMISSION REQUIREMENTS

The following items shall be attached to all Development Permit Applications for new buildings or exterior changes to existing buildings. This is not an exhaustive list and the Designated Officer may request additional information that is required to assess the application.

- Copy of Site Plan.** Site plan shall provide the following information:
(May be provided on a survey plan or sketch)
 - Legal description and municipal address of subject property
 - Scale and north arrow
 - Adjacent roadways and lanes
 - Lot dimensions, lot area, and percentage of lot coverage for all structures
 - Existing residence and/or any other buildings with dimensions of foundation and projections including decks
 - Proposed residence and/or any other buildings with dimensions of foundation and projections including decks
 - The proposed distances from the foundation of the building to the front, side, and rear property lines
 - Location of lot access, existing sidewalk(s) and curbs
 - Location of any registered utility right of ways or easements
 - Location and number of off-street parking spaces

- Copy of Building Plans.** Plans shall be to scale and contain the following information:
 - Scale and dimensions of exterior walls and interior rooms
 - Floor plan of all living space proposed to be developed
 - Building elevations including front, sides, and rear elevations, building height (from finished grade), roofing material, and roof pitch

- If applicant is not the registered owner,** a written statement (or this application) signed by the registered owner consenting to this application.

- Application fee payable to the Town of Fort Macleod.**



Development Application No. _____

Applicant: _____ Date: _____

Roll No. _____ Zoning: _____



SITE PLAN GRID

