

Development Permit #:__

Town of Blackfalds DEVELOPMENT PERMIT APPLICATION HOME BASED BUSINESS

Box 220, 5018 Waghorn Street Blackfalds, AB T0M 0J0 Ph: 403.885.9679 Fax: 403.600.0045 permits@blackfalds.ca www.blackfalds.ca

Application Date:

| To Be Completed By Applicant: | | |
|--|--|--|
| Permit Being Applied for By: | | |
| Proposed Home Business: Home Based Business 1 Home Based Business 2 Home Based Business 3 | | |
| *Please note that if business owner isn't the homeowner, a letter/email from the registered homeowner needs to be submitted with this application allowing the use of the residence for the home business. | | |
| Landowner Name(s): | | |
| Mailing Address: | | |
| City: Prov: Postal Code: | | |
| Phone: Alt Phone: | | |
| Email Address: | | |
| Preferred Method of Correspondence: | | |
| ☐ (Same as Landowner) | | |
| Applicant/Contractor Name(s): | | |
| Mailing Address: | | |
| City: Prov: Postal Code: | | |
| Phone: Alt Phone: | | |
| Email Address: | | |
| Preferred Method of Correspondence: | | |
| Business or Company Name: | | |
| What is the classification of your business: | | |
| (eg. Massage Therapist, Hairdresser, Contractor, Bookkeeper, etc.) | | |
| Contact Person: | | |
| Address of Business: Legal Lend Description: Lett. Block: B | | |
| Legal Land Description: Lot: Block: Plan: Land Use District: Where will the business operation occur: Primary Dwelling Accessory Building Both | | |
| | | |
| What area (sq. footage) of the house is required to operate this business? | | |
| (Please include a floor plan noting where the proposed business is to operate within the home for Home Based Business 2 and 3 applications) | | |
| If an accessory building (detached garage or shed) is being used, what area (sq. footage)? | | |
| Number of resident employees: Number of non-resident employees: | | |
| How often will people be coming to your home regarding your business: Never # of daily visits: | | |
| Will there be any storage required for the business: ☐ Yes ☐ No ☐ Indoor ☐ Outdoor | | |
| Please describe storage (if applicable): | | |
| Please describe any vehicles used for the business: | | |
| (vehicle(s) type(s)) | | |
| Please describe any trailers and/or equipment used for the business: | | |
| How many off street parking spaces are available for business related parking? | | |
| A site plan showing all off-street parking stalls <u>must</u> be submitted with Home Based Business 2 and 3 applications | | |
| Days and hours of operation: | | |
| Has this business previously been approved and licensed within the Town of Blackfalds? Yes No | | |
| If yes, where was the previous location? | | |
| Are there any other businesses currently being operated out of this home? Yes No | | |
| If yes, what is the name of the business? | | |



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| Detailed description and nature of proposed business (include extra paper if needed): | | | |
|---|--|--|--|
| | | | |
| | | | |
| Is the property the subject of a license, permit, approval, or other authorization granted by the Natural Resources Conservation Board, Energy Resources Conservation Board, Alberta Energy Regulator, Alberta Energy and Utilities Board or Alberta Utilities Commission? | | | |
| If yes, please describe: | | | |
| Is the property the subject of the application the subject of a license, permit, approval, or other authorization granted by the Minister or granted under any Act the Minister is responsible for under s.16 of the Government Organization Act*? | | | |
| If yes, please describe: | | | |
| Is the subject property immediately adjacent to the County boundary? Yes No | | | |
| If yes, please describe: | | | |
| *The Minister is responsible for the following acts: AB Land Stewardship Act, Environmental Protection Act, Public Lands Act, Surveys Act, Water Act. | | | |
| RESOURCES: | | | |
| Water Act & Environmental Protection and Enhancement Act Approvals - Alberta Energy Regulator: https://avw.alberta.ca/ApprovalViewer.aspx Historic Sites/Resources (requires an account) - Online Permitting and Clearance (OPAC): https://www.opac.alberta.ca/Login.aspx Abandoned Wells - Abandoned Well Map Viewer: https://extmapviewer.aer.ca/AERAbandonedWells/Index.html Pipeline/Well Locations - Regulatory Assurance: https://regulatoryassurance.alberta.ca/dras?id=public-notice | | | |
| I hereby make aplication for a Development Permit under the provisions of the currrent Town of Blackfalds Land Use Bylaw in force in accordance with the plans and supporting information submitted herewith and which form part of this application and will abide by all conditons of approval. By submitting this application I hereby allow right of entry for inspection purposes. | | | |
| Permit Applicant Name(s): | | | |
| Permit Applicant Signature(s): | | | |
| Landowner Name(s): | | | |
| | | | |
| Landowner Signature(s): BELOW FOR OFFICE USE ONLY | | | |
| | | | |
| Tax Roll #: Approval letter/email received from homeowner (if applicable) | | | |
| Approval By: | | | |
| | | | |
| MPC Date: | | | |
| Home Business Development Permit Fee \$ SDAB Date: | | | |
| (1-61-00-521): Notification Date: | | | |
| | | | |
| Receipt #: Date Application Deemed Complete: | | | |
| NOTES: | | | |
| This Application constitutes part of the permit. Every Development Application shall be completed and submitted in accordance with the current Town of Blackfalds Land Use Bylaw in force. Failure to comply with this form fully and lack of the required information and plans may cause delays in processing this Development Application. An Application for a Development Permit shall, at the option of the applicant, be deemed to be refused when the decision of the Development Authority is not made within forty (40) days of receipt of the Application. Any questions related to the collection and use of this permit information should be referred to the Planning and Development Department at 403.885.9679. | | | |
| A DEVELOPMENT PERMIT COMES INTO EFFECT: | | | |
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Personal information collected on this form will be used for issuance of permits, property assessment, and/or safety codes compliance monitoring and verification. This information is collected under the authority of the *Municipal Government Act*, the *Safety Codes Act* and the current Land Use Bylaw in force, as well as Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of the Act. Applicant names and the nature of permits issued may be made publicly available. Questions regarding the collection and/or use of this information may be directed to the Records Management & FOIP Coordinator at foip@blackfalds.com or by phone at 403.885.6370.

A development permit remains in effect for twelve (12) months from the date of its issue and thereafter is null and void unless an extension has been

requested and approved. A time extension request must be received a minimum of one (1) month prior to expiry.



REQUIRED PERMIT ACCEPTANCE

| I, | _, understand that a Development | |
|--|--------------------------------------|--|
| Permit is not the same as a Safety Codes Permit a | nd it is my responsibility to ensure | |
| that the following permits and plans are provided\obtained and complied with: | | |
| Building Permit Plumbing Permit Gas Permit Electrical Permit Private Sewage | | |
| I also understand that it is my responsibility to verify with IJD Inspections Ltd. if the above noted permits are required for the project as stated on the Development Permit. (see contact information below). | | |
| Failure to obtain the required permits may result in the permit fees being increased or a Stop Order being issued on the project. | | |
| Signature | Date | |

PERMITS ELECTRICAL | PLUMBING | GAS



E4 5560 45 St.
Red Deer, AB T4N 1L1
Riverside –Cronquist Business Park
Ph. 403-346-6533
Email: permits@ijd.ca
Website: www.ijd.ca