



DEVELOPMENT PERMIT APPLICATION

FOR OFFICE USE ONLY

APPLICATION NO.

ROLL NO.

RENEWAL OF

FEES PAID

DATE OF RECEIPT

APPLICANT/OWNER

Applicant Name:

Email:

Business/Organization Name (if applicable):

Mailing Address:

Postal Code:

Telephone (Primary):

Alternative:

Landowner Name(s) per title (if not the Applicant):

Business/Organization Name (if applicable):

Mailing Address:

Postal Code:

Telephone (Primary):

Email:

LEGAL LAND DESCRIPTION - Subject site

All/part of: ¼

Section:

Township:

Range:

West of:

Meridian

Division:

All parts of Lot(s)/Unit(s):

Block:

Plan:

Parcel Size (ac/ha):

Municipal Address:

Land Use District:

APPLICATION FOR - List use and scope of workVariance Rationale included: ☐ YES ☐ NO ☐ N/ADP Checklist Included: ☐ YES ☐ NO**SITE INFORMATION**

- a. Oil or gas wells present on or within 100 metres of the subject property(s) ☐ YES ☐ NO
- b. Parcel within 1.5 kilometres of a sour gas facility (well, pipeline or plant) ☐ YES ☐ NO
- c. Abandoned oil or gas well or pipeline present on the property ☐ YES ☐ NO
(Well Map Viewer: <https://extmapviewer.aer.ca/AERAbandonedWells/Index.html>)
- d. Subject site has direct access to a developed Municipal Road (accessible public roadway) ☐ YES ☐ NO



AUTHORIZATION

I, _____ (Full name in Block Capitals), **hereby certify** (initial below):

_____ That I am the registered owner **OR** _____ That I am authorized to act on the owner's behalf.

_____ That the information given on this form and related documents, is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application.

_____ **Right of Entry:** I authorize/acknowledge that Rocky View County may enter the above parcel(s) of land for purposes of investigation and enforcement related to this application in accordance with Section 542 of the Municipal Government Act.

_____ That I am aware of and have read and agree to the following:

- The personal information collected on this application is collected in accordance with s.33(c) the Alberta Freedom of Information and Protection of Privacy Act (FOIP).
- I have obtained written permission from the copyright holder for any information included with this application which is protected by copyright.
- I agree to indemnify, save and hold harmless the County, its elected officials, agents, and employees from and against all demands, claims, liability costs and expenses (including legal fees) in relation to copyright infringement as a result of the information submitted.
- The information collected will be used to communicate with the applicant during the application review and site inspection processes.
- As part of the review process, both personal information and copyrighted materials will be circulated as needed to relevant internal departments, provincial and federal governments, external partners, and adjacent landowners.
- Such information and materials may also be submitted to the Subdivision and Development Appeal Board and the Land and Property Rights Tribunal.
- Personal information and copyrighted materials may also be included in public meeting agendas, on the County's website, and on the Rocky View County Planning Development Map web application and other public resources maintained by the County.
- The applicant's name and the nature of the application will be publicly available, in accordance with the FOIP Act.
- For questions on FOIP or copyright issues, please contact the Manager of Planning at 403-230-1401.

Applicant Signature _____

Date _____

Landowner Signature _____

Date _____



ACCESSORY DWELLING UNIT (ADU)

(Garden Suite & Garage Suite)

INFORMATION SHEET

FOR OFFICE USE ONLY

APPLICATION NO.

ROLL NO.

DISTRICT

DETAILS/DESCRIPTON

Height of building	(m / ft.)	Contains sleeping, cooking, and sanitary facilities?	Yes	No
Building footprint <i>Building footprint means the total area a building occupies on the ground.</i>	(m ² / ft. ²)	Gross floor area of ADU <i>Gross Floor Area (GFA) means the total floor area of a building within the exterior walls. This does not include basement areas parking areas below grade, and areas devoted exclusively to mechanical or electrical equipment servicing the development.</i>	(m ² / ft. ²)	

Number of parking spaces allotted
(Please indicate the location of parking area in the site plan)

Is the ADU constructed on a permanent foundation?

Yes

No

Describe outdoor and/or amenity space allocated to ADU:

Describe how the ADU complements the primary dwelling in architectural character (i.e. roof pitch, exterior finishing, windows, etc.):

Describe how the ADU minimizes impact on neighboring properties (i.e. location of ADU on parcel, design of building, screening/landscaping elements etc.):

NOTE: Submission to include photographs of the existing principal dwelling/building (all sides). Refer to Development Permit Checklist for requirements.

WATER SOURCE

- ☐ Connection to Communal Water System (Provide Letter of Confirmation from system operator)
- ☐ Share Existing Groundwater Well
- ☐ New Well

NOTE: The location of new or existing wells is to be shown on a site plan; Groundwater Interference Report required when there are 6 or more parcels on a quarter-section

SEWAGE TREATMENT AND DISPOSAL

- ☐ Connection to Communal Sewage Collection System (Provide Letter of Confirmation from system operator)
- ☐ Connection to Existing Private Sewage Treatment System (show location on Site Plan)
- ☐ Expansion of Existing Private Sewage Treatment System (show location on Site Plan)
- ☐ Construction of New Private Sewage Treatment System (show location on Site Plan)

Applicant Signature _____

Date _____



Private Sewage Treatment Systems for Additions & Renovations - Verification Form

Please complete this form to provide verification that the proposed changes to the existing building can be sufficiently served by the existing private sewage system. If a certified private sewage installer determines that the existing system is not sufficient, alterations to the existing system will be necessary, and a permit will be required

Date (Month/Day/Year): _____

Related Building Permit Number (if applicable): _____

Property Owner Name(s): _____
Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____
Phone: _____ Cell: _____
Email: _____

Project Location:

Municipal Address: _____
Legal Address: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
Subdivision Name (if applicable) _____ Lot: _____ Block: _____ Plan: _____
Directions / Comments: _____

The subject property is serviced by a private sewage treatment system.

It is a **REQUIREMENT** of Rocky View County that:

1) The applicant provides this documentation completed by a certified installer to verify that the existing septic system is sufficient to accommodate the addition of bedrooms and/or increase of load rates.

OR

2) If a certified installer deems the existing system *insufficient* to accommodate the addition of bedrooms and/or increase of load rates, alterations to the existing system will be necessary, and a permit will be required.

CERTIFIED INSTALLER: Please confirm your findings and complete this form to be brought in by the home owner and/or applicant along with the building permit application. The building permit will not be released until this form is completed and verified by the authority having jurisdiction. Certified Installer information:

Contractor (Company): _____ Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: _____ Cell: _____ Email: _____
Certified Installers ticket #: _____ Installer's Name: _____

I, _____ have inspected the existing private sewage treatment system at the above noted location and have determined that for the **EXISTING** _____ bedrooms, and for the **ADDITION** of _____ bedrooms in the proposed newly developed area: (please check the applicable box below)

- ☐ the existing system is sufficient to accommodate the above additional bedrooms and/or load rate
☐ the existing system is **NOT** sufficient at this time, to properly accommodate the above additional bedrooms and/or load rate and will require a Private Sewage Treatment System Permit. (Please apply for a Private Sewage Permit)

Description of Private Sewage Treatment System that was inspected: _____
ie. Holding tank & field, etc.

Installer's Signature: _____

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the municipality.

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☐ Certified Installer verified with AMA (Alberta Municipal Affairs) Checked by SCT _____
<https://www.alberta.ca/private-sewage-design-tools-and-contractors.aspx>



DEVELOPMENT PERMIT APPLICATION CHECKLIST - GENERAL

Applicant Checklist	Office Use Only	All plans shall be submitted as one PDF document in DIGITAL form Select [✓] all that are included within application package. Incomplete applications may not be accepted for processing.
<input type="checkbox"/>	<input type="checkbox"/>	APPLICATION FORM(S) AND CHECKLIST: All parts completed and signed.
<input type="checkbox"/>	<input type="checkbox"/>	APPLICATION FEE: Refer to Planning and Development Fee Schedule within the Master Rates Bylaw.
<input type="checkbox"/>	<input type="checkbox"/>	CURRENT LAND TITLES CERTIFICATE COPY - dated within 30 DAYS of application submission: <ul style="list-style-type: none"> • Copy of all <u>non-financial</u> instruments/caveats registered on title <input type="checkbox"/> I give the Development Authority authorization to pull a Land Title Certificate at a \$20.00 fee
<input type="checkbox"/>	<input type="checkbox"/>	TIME EXTENSION FORM: Authorizing the County to continue your application if there are any delays meeting the 40-day timeline as set out by the Municipal Government Act of Alberta (MGA).
<input type="checkbox"/>	<input type="checkbox"/>	LETTER OF AUTHORIZATION: Signed by applicant <u>if acting on behalf</u> of the registered landowner(s).
<input type="checkbox"/>	<input type="checkbox"/>	AFFIDAVIT: If the registered owner on title is a company, signed and stamped by a Commissioner of Oaths.
<input type="checkbox"/>	<input type="checkbox"/>	COVER LETTER, shall include: <ul style="list-style-type: none"> • Proposed land use(s) and scope of work on the subject property • Detailed rationale for any variances requested • Any type of business must provide details on days/hours of work, number of employees, parking provisions, types of vehicles, outdoor storage areas, site access/approach, etc. • Reference to any Supporting Documents, images, studies, plans, etc. provided within the application
<input type="checkbox"/>	<input type="checkbox"/>	SITE PLAN, shall include: <ul style="list-style-type: none"> • Legal description and municipal address • All property lines, dimensions, and north arrow • Setbacks/dimensions from all property lines to existing buildings, proposed buildings, changes, etc. • Dimensions of all buildings/structures on site • Location and labels for existing/proposed approach(s)/access to property • Identify names of adjacent internal/municipal roads and highways • Identify any type of oil wells, septic fields/tanks, or water wells on site, including their distances to existing/proposed buildings • Identify any existing/proposed site features such as trees, shelterbelts, canals, waterbodies, etc. • Identify site slopes greater than 15% and distances of these slopes from existing/proposed structures • Location and labels for easements and/or rights-of-way on title
<input type="checkbox"/>	<input type="checkbox"/>	FLOOR PLANS/ELEVATIONS, shall include: <ul style="list-style-type: none"> • Overall dimensions on floor plans for all proposed buildings/structures • Indicate floor area and existing/proposed uses on floor plans and height(s) on elevations • Indicate type of building/structure on floor plans and elevations
<input type="checkbox"/>	<input type="checkbox"/>	PHOTOGRAPHS: Of existing site, building(s), structure(s), signage, site features, taken from all sides including surrounding context, and when existing floor plans/elevations are not available.
<input type="checkbox"/>	<input type="checkbox"/>	SUPPORTING DOCUMENTS (as applicable): Include technical studies/reports and any additional plans relating to the proposed development (lot grading, site lighting, storm water management plans, etc.)

FOR OFFICE USE ONLY

Proposed Use(s):	Land Use District:
Applicable ASP/CS/IDP/MSDP:	
Included within file: <input type="checkbox"/> Information Sheet <input type="checkbox"/> Parcel Summary <input type="checkbox"/> Site Aerial <input type="checkbox"/> Land Use Map Aerial <input type="checkbox"/> Site Plan	

NOTES:

Staff Signature: _____



Planning Services

File Number / Roll Number

Development Permit Application Time Extension Agreement Form (Decision past 40 days)

APPLICANT: _____

LEGAL
DESCRIPTION: _____

The *Municipal Government Act* recommends that the Development Authority of Rocky View County is required to make a decision on a completed Development application within **40 days** of its receipt application, unless an agreement has been entered into with the Applicant and Development Authority to extend the 40 day period.

In order to permit the Development Authority of Rocky View County to make a decision on your application, we are requesting that you enter into the Time Extension Agreement as set out below.

If you concur with our request, please complete the agreement set out below and forward it to:

ROCKY VIEW COUNTY
Planning and Development Services
262075 Rocky View Point
Rocky View County, Alberta T4A 0X2
development@rockyview.ca

In accordance with the *Municipal Government Act*,

I/We, _____
hereby enter into an agreement with Rocky View County to extend the time prescribed for the processing of the Development Application

Date

Applicant's Signature



LETTER OF AUTHORIZATION – PLANNING AND DEVELOPMENT SERVICES

I, (We) _____ (print name) Owner 1

_____ (print name) Owner 2

being the owner(s) of: Lot: _____ Block: _____ Plan: _____

Legal Description:

Quadrant _____ ¼ Section _____ Township _____ Range _____ West of _____ Meridian

give _____ (print name of Applicant)

permission to act on my (our) behalf for the following application at the above-noted property

(select one):

- ☐ Development Permit
- ☐ Subdivision
- ☐ Redesignation
- ☐ Local Plan

Owner 1 Signature

Owner 2 Signature

Date Signed