

Development Permit Application

Child Care / Group Home

All of the following information is necessary to facilitate a thorough and timely evaluation and decision of your application. All materials submitted must be clear, legible and precise. Only applications that are complete will be accepted. **PLEASE NOTE: this application is ONLY for a development permit. If a building permit is also required, you must apply for it separately.**

Project Address

Access Code

Applicant

Name _____

Address _____

City _____ Postal Code _____

Phone _____

E-mail _____

Signature _____

Property Owner

Name _____

Address _____

City _____ Postal Code _____

Phone _____ B/L # _____

E-mail _____

Signature _____

Providing an email means you consent to receiving documents or communications related to this application, including but not limited to development permit decisions, acknowledgments confirming an application is complete, and any notices identifying any outstanding documents and information, by email.

Have you reviewed all registrations on title pertaining to the property? Yes

I acknowledge and agree that this application does not relieve the owner, the applicant, or the owner's authorized agent from full compliance with (i) the terms and conditions of any easement, covenant, building scheme or other agreement affecting the property, or (ii) the requirements of any applicable laws and regulations.

Signature _____ Date _____

As the applicant I affirm:

- I am the registered owner of the above noted property
- I have entered into a binding agreement to purchase the above noted property with the registered owner(s)
- I have permission of the registered owner(s) of the above noted property to make the attached application for a Development Permit

Description of Work: (Check all applicable)

- Child Care, Minor
- Child Care, Major
- Group Home

Detailed Description of Work:

Child Care

of children _____ # of off-street parking stalls _____

of staff _____ Loading zone identified _____

Group Home

of clients _____ # of off-street parking stalls _____

of staff _____

Office Use Only		Development Fees to be charged	
Permit Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Overlay	Permit Fee _____
Zoning	_____	Development Permit #	_____
Allowable Use	<input type="checkbox"/> Permitted <input type="checkbox"/> Discretionary	Building Permit #	_____
			Advertising Fee _____

Any personal information collected on this form is collected under 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 and planning & development purposes. Please Note that such information may be made public. If you have any questions about the collection, use, or disclosure of the personal information provided, please contact Information Management at 910 4 Ave S, Lethbridge, AB, T1J 0P6 or by phone at 403-329-7329