



P.O. Box 520
6 North 1 Street West
Magrath, Alberta T0K 1J0

Phone: 403-758-3212
Email: info@magrath.ca
Website: www.magrath.ca

ACCESSORY DEVELOPMENT PERMIT APPLICATION

Date of Application: _____

Estimated Start Date: _____

Estimated Value of Construction: \$ _____

For Office Use	
Development Permit Application #:	
Date Application Complete:	
Development Application Fee:	
Date Fee Paid:	
Tax Roll #:	

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 from 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

Applicant's Name: _____ Phone: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Email: _____ 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 the information below

<p>Owner's Name: _____</p> <p>Mailing Address: _____</p> <p>Owner Signature: _____</p>	<p>Applicant's Interest in the property:</p> <p><input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Contractor</p> <p><input type="checkbox"/> Tenant</p> <p><input type="checkbox"/> Other _____</p>
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CONTRACTOR INFORMATION

Contracting Company: _____ Contact Name: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Email: _____ Phone: _____



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PROPERTY INFORMATION

Municipal Address: _____

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

Lot Size: Width _____ m ft Length _____ m ft Area _____ m² ft²

Land Use District: _____ **Existing Use:** _____

Describe the Proposed Development: _____

DEVELOPMENT INFORMATION

The purpose of this application is to: (check all that apply)

- Construct a new Accessory Structure (i.e. shed, detached garage, greenhouse)

- Solar Collectors
 Secondary Suite
 Other _____

- Alter/Renovate the existing development
The renovation is: Interior Renovation (change of use)
 Addition
 Deck
 Other: _____

- Other _____

BUILDING REQUIREMENTS

	Principal Building	Accessory Building / Addition / Deck	Renovation/Basement Development	Office Use
Square Footage	m ² ft ²	m ² ft ²	m ² ft ²	
Height	m ft	m ft		
Proposed Setbacks from Property Lines				
Front	m ft	m ft		
Secondary Front	m ft	m ft		
Rear	m ft	m ft		
Side – Left	m ft	m ft		
Side – Right	m ft	m ft		
Parcel Type: <input type="checkbox"/> Interior Lot <input type="checkbox"/> Corner Lot				



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Total Square Meter/Feet of Principal Structure: _____

Total Square Meter/Feet of Accessory Structures: _____ (all accessory structures combined)

Total % of lot occupied by Principal Structure: _____ %
(Principal Structure Area / Lot Area)

Total % of lot occupied by Accessory Structures (combined): _____ %
(Combined Accessory Area / Lot Area)

Total off-street parking spots available: _____

Exterior Finish, Fencing & Landscaping

- Not applicable to this development.
- Applicable – Describe generally the types, colours, and materials, as applicable, of:
 - o Exterior Finishes of the proposed building(s): _____
 - o Proposed fencing and height: _____
 - o Proposed landscaping: _____

Moved-in dwelling: Describe any proposed improvements to the exterior of the dwelling

Waivers

Is a waiver (variance) to one or more standards in the Land Use Bylaw being requested? Yes No

If yes, please specify: _____

I hereby certify that the information contained in this application, including any further information contained in attached materials, 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 further certify that the owner of the land described above is aware of this application and that I will not commence this development until a valid development permit is issued.

Signature of Applicant: _____

Date: _____

Signature of Registered Owner: _____
(if different than the applicant)

Date: _____