



## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
Name to Appear on Permit Contact Name (if applicable)

Mailing Address: \_\_\_\_\_  
Address City Prov. Postal Code

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Interest of Applicant:

- I am the registered landowner
- I have entered into a binding agreement to purchase above-noted property
- I have permission of the registered owner(s) to make this application

Property Owner Name (if different from applicant): \_\_\_\_\_

## GENERAL PROJECT INFORMATION

**Proposed Project Location** (find property location info at <https://maps.parklandcounty.com/discoverparkland/>)

Plan	Block	Lot/Unit	Subdivision / Hamlet	
Meridian <input type="checkbox"/> W4 <input type="checkbox"/> W5 <small>(select one)</small>	Range	Township	Section	Quarter Section <input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE <small>(select one)</small>
Municipal Address				

### Proposed Project Description

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## APPLICATION SUBMISSION REQUIREMENTS

- Project Manager Info: \_\_\_\_\_  
Contact Name Contact Number/Email. Company Name (if applicable)
- Consultation with Development Planning
- Application Fee (non-refundable). Fees are set out in [Parkland County's Fees & Charges](#)
- Completed Application Form
- Certificate of Title (no older than 14 days)
- Level of Federal approval seeking:
  - Micro-cultivation     Standard cultivation     Micro-processing     Standard processing
- Traffic Impact: \_\_\_\_\_  
*Traffic Impact Assessment may be required. To be determined at Pre-Consultation meeting.*
- Days & Hours of Operation: \_\_\_\_\_
- Number of Employees: \_\_\_\_\_
- On-site Equipment Related to Business (including vehicles): \_\_\_\_\_

**CANNABIS CULTIVATION / PROCESSING  
DEVELOPMENT PERMIT APPLICATION (Continued)**



- Public Engagement Results (if required by the Development Authority): Include on separate sheet(s)
- 1 Set of Plans
  - Site Plan, include signage details (if applicable)
  - Biophysical Assessment (if required by the Development Authority)
  - Landscaping Plan (if required by the Development Authority)
  - Building Elevations
  - Floor Plans
  - Include a digital copy of complete application submission

**Engineered Plans MUST BE Stamped / Signed: In Standard A-1 drawing size (594mm x 841mm) (if applicable)**

- Site Drainage and Grading Plan (one copy)
- Access Details (one copy)
- Site Servicing Plan
- Erosion and Sedimentation Control Plan (one copy)

\*Traffic Impact Assessment may be required as determined by Development Planning

***Note: Incomplete applications will not be accepted.***

**APPLICANT DECLARATION**

- I hereby consent to receive communication and development permit decisions through electronic means.
- It is understood that if this application is approved or refused by the Development Authority it may be appealed to the Subdivision and Development Appeal Board (SDAB). It is further understood that the SDAB may confirm, revoke, or vary the Development Permit or any condition as a result of such an appeal being duly served, and that any work undertaken prior to an appeal being filed is entirely at the applicant's risk.
- Any approvals granted regarding this application does not excuse the applicant from complying with the requirements of any Federal, Provincial or other Municipal Legislation or the conditions of any easement, restrictive covenant or agreement affecting the buildings or lands.
- Permit fees will automatically be doubled for development that has been started or completed before a development permit has been issued.

I confirm by my signature below that the information contained in this application, including plans and details, is to my knowledge, true and complete:

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date

The personal information provided by you is being collected under the authority of the *Municipal Government Act* and will be used for the purposes under that Act. The personal information that you provide may be made public, subject to the provisions of the *Freedom of Information and Protection of Privacy Act* (FOIP). If you have any questions about the collection, use, and disclosure of this information, please contact the FOIP Coordinator at Parkland County, 53109A HWY 779, Parkland County, Alberta T7Z 1R1 (780-968-8888) or email foip@parklandcounty.com.

**FOR OFFICE USE ONLY**

Application Fee: \_\_\_\_\_ DB MC VISA CHQ CSH Receipt Number: \_\_\_\_\_

Date: \_\_\_\_\_ Rec'd By: \_\_\_\_\_ Accounting Codes DP App: DAF; 1735 Title: TITL2505

NOTES: \_\_\_\_\_