



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

Type of Development

- Home Based Business Level 2 Home Based Business Level 3

PROJECT DETAILS

Name of Business: _____

Description of Business: _____

Days & Hours of Operation: _____

Does the property require a new or upgraded approach? No Yes (if Yes, an Approach Application must be submitted)

Is the proposed business located in an existing building? No Yes (if Yes, provide details below)

Size of structure: Length _____ Width _____ Square footage _____

Proposed improvements to the structure (colour, texture, exterior finish): _____

Is there outdoor storage associated with the home based business? No Yes (if Yes describe below)

Type of Items/ Equipment Related to Business (including vehicles): _____

Are there employees other than the resident and resident's family who permanently reside in the dwelling?

- No
 Yes – If Yes provide the following: 1) Number of employees _____ 2) Employees are: onsite offsite

Does this home based business have on site attendance of clients?

- No
 Yes – if Yes # of estimated daily visits _____.

APPLICATION SUBMISSION REQUIREMENTS

- Application Fee (non-refundable). Fees are set out in [Parkland County's Fees & Charges](#).
- Completed Application Form
- 1 Set of Plans (no larger than 11" x 17")
 - Site Plan
 - Floor Plans
 - Building elevations
- Certificate of Title (no older than 14 days)

Note: Incomplete applications will not be accepted.

APPLICANT DECLARATION

- I hereby consent to receive communication and development permit decision 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: _____
