

# INDUSTRIAL/COMMERCIAL DEVELOPMENT PERMIT

Development Permit #: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

I/We hereby make application under the provisions of the Land Use Bylaw for Development Permit in accordance with the supporting information submitted which will form part of this application.

## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ Registered Land Owner if Different from Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

## BUSINESS INFORMATION

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## LAND INFORMATION

Legal Description of proposed development site:

Plan	Block	Lot	Stall
Civic/Rural Address			
Hamlet			

Ward
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QTR/L.S	SEC	TWP	RG	M
MLL/MS/TFA		Acres/Ha		

Quarter Section      Acreage

Description of existing use of land including existing buildings: \_\_\_\_\_

## DEVELOPMENT INFORMATION

Describe proposed development: \_\_\_\_\_

- |   |  |   |                                |
|---|--|---|--------------------------------|
| <input type="checkbox"/> Commercial/Industrial Building | <input type="checkbox"/> Temporary Structure     | <input type="checkbox"/> Security Suite         | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Public Use Building            | <input type="checkbox"/> Ancillary Building/Shed | <input type="checkbox"/> Moved- In Building     | <input type="checkbox"/> Other |
| <input type="checkbox"/> Industrial Camp                | <input type="checkbox"/> Business Relocation     | <input type="checkbox"/> Structural Renovations |                                |

Mackenzie County  
 Box 640, 4511-46 Avenue  
 Fort Vermilion, AB T0H 1N0



Phone: (780) 928-3983  
 Fax: (780) 928-3636  
 Email: lwashkevich@mackenziecounty.com

Building Size:

Length	Width	Height	Sq2	Other
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The Land is Adjacent to:

Primary Highway (88) or (58)     Secondary Highway (697)  
 Hamlet Road     Local Road

Estimated Project Time and Cost:

Start Date	End Date	Estimated Project Cost
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Attached is:     Site Plan     Blueprints     Floor Plans

Site plans and blueprints are required for all Development Permit applications unless otherwise specified by the Planning Department. Multi-family Development Permit applications are required to include a site plan prepared by a surveyor or engineer and such site plan shall show the proposed building with setbacks from property lines, parking stalls, entry onto and exits off of the lot and any other information as required by the County to render a decision.

**GEOGRAPHIC INFORMATION**

Is there any of the following within 1/2 mile (800m) of the proposed development:

Slope/Coulee/Valley/Ravine     Sewage Treatment /Sewage Lagoon  
 River /Waterbody     Land Fill/Garbage Disposal Site

Unless this application is for a Yard Site Development, a County approved access is required before a Development Permit can be issued.

Is there an Existing Access to Proposed Site?

YES     NO

Do you have a rural address sign on your property?

YES     NO

My proposed access will be \_\_\_\_\_ meters from \_\_\_\_\_  
(eg. SW corner)

Does the site location require an access or road to be built to proposed site?

YES     NO

Access Application Date:

Access Approval Date:

If you do not have an address, one will be assigned and you will be charged the fee of the sign. It is your responsibility to install the sign on your property.



**SITE PLAN**

An accurate site plan must be provided or the application will not be processed.

If applicable, please include the following information in your drawing:

location/distance of existing buildings from property lines.

location of access/driveway, and distance from intersections

location of shelterbelts and/or treed areas

location of parking and loading areas

length and width of property

**Setbacks from Property Lines**

location/distance of proposed buildings from property lines

ravines, creeks, lakes, sloughs, and any other water bodies

location of road(s), road allowances

location of parking and loading areas

Front Yard	ft.
_____	m

Rear Yard	ft.
_____	m

Side Yard (1)	ft.
_____	m

Side Yard (2)	ft.
_____	m



**BUSINESS INFORMATION:**

Do you already have a Business License? YES  NO  ABL# \_\_\_\_\_

Year of establishment: \_\_\_\_\_

Registered Business Name: \_\_\_\_\_

What is your business trade? \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Are you an incorporated company? YES  NO

If yes, what is your corporate name? \_\_\_\_\_

What is your company?

Public Limited Company  Private Limited Company  Cooperative Business

Are you a:  Sole Proprietor? Or Part of a:  Partnership  Corporation

If applicable, please name your partners:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal \_\_\_\_\_

**COMMERCIAL/INDUSTRIAL BUILDING DETAILS**

Please detail the business activities that will take place outside the building:

\_\_\_\_\_  
\_\_\_\_\_

What is the total floor space? \_\_\_\_\_ sqft Office area size? \_\_\_\_\_ sqft

Warehouse/work area size? \_\_\_\_\_ sqft

Will you be sharing the space with another business? YES  NO

Will there be any combustible, flammable, or explosive material stored, used or produced at this business?  
YES  NO

**INDUSTRIAL BUSINESS**

Will there be any outdoor storage? Please indicate in the site plan. YES  NO

If yes, is the outdoor storage screened? YES  NO

What is the showroom area? \_\_\_\_\_ sqft

**EATING & DRINKING ESTABLISHMENT**

Will there be outdoor seating? Please indicate in the site plan. YES  NO

If yes, what is the outdoor seating capacity? \_\_\_\_\_

What is the restaurant public floor area? \_\_\_\_\_ sqft

What is the indoor seating capacity? \_\_\_\_\_

Have you been in contact with Alberta Health Services? YES  NO



**DECLARATION**

I declare that the information on this application is, to the best of my knowledge, factual and correct.

I understand that this application will not be accepted without the following:

Applicant Name (Print)		Registered Land Owner Name (Print)	
Applicant Name (Signature)	Date	Registered Land Owner (Signature)	Date

(a) appropriate development information (b) application fee as per Fee Schedule Bylaw

**NOTE:** The signature of the Registered Land Owner is required if the applicant is not the registered landowner. The signing of this application, by the applicant and/or registered landowner, grants permission for necessary inspections of the property to be conducted by authorized persons of Mackenzie County.

The personal information on this form is collected in accordance with section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act for the purpose of issuing development permits, Land Use Bylaw enforcement and property assessment purposes. The name of the permit holder and the nature of the permit are available to the public upon request. If you have any questions about the collection, use or disclosure of this information, please contact the FOIP Coordinator at (780) 927-3718.

FOR ADMINISTRATIVE USE ONLY			
Complies With:			Offsite Levy (If Required):
MDP Yes <input type="checkbox"/>	ASP Yes <input type="checkbox"/>	AVPA Yes <input type="checkbox"/>	Connection Fee \$ _____
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Receipt Number _____
Land Use Classification: _____		Tax Roll No: _____	
Class of Use: _____ <small>(Commercial/Industrial/Residential/Institutional/Home Based Business)</small>		Permitted/Discretionary: _____	
Proposed Use: _____			
Development Application Fee Enclosed: Yes _____ No _____ Amount \$ _____ Receipt No: _____			

