



# City of Lacombe DEVELOPMENT PERMIT APPLICATION Land Use By-Law 400

5432 56<sup>th</sup> Avenue  
Lacombe, AB T4L 1E9  
Ph. 403.782.1264  
Fax 403.782.5655

Application Number: 61/25 \_\_\_\_\_

**To Be Completed By Landowner/Applicant:** Do you have a Business License with the city of Lacombe?  Yes  No  
 Permit Applicant Type:  Owner  Applicant/Contractor Application Date (M/D/Y): \_\_\_\_\_ Estimated Completion Date (M/D/Y): \_\_\_\_\_

Landowner Name (s): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Alt Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Applicant/Contractor Name:  (Same) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Alt Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Address of Property to be Developed: \_\_\_\_\_  
 Proposed Site Plan Setbacks - Front: \_\_\_\_\_ Side Yards: \_\_\_\_\_ / \_\_\_\_\_ Rear Yard: \_\_\_\_\_ Lot Area: \_\_\_\_\_  
 Primary Building -  Sq. meters  Sq. feet Main Floor: \_\_\_\_\_ 2nd Floor: \_\_\_\_\_ Basement: \_\_\_\_\_ Height: \_\_\_\_\_ Lot Coverage: \_\_\_\_\_ %  
 Accessory Building -  Sq. meters  Sq. feet Garage: \_\_\_\_\_  Attached  Detached Height: \_\_\_\_\_ Lot Coverage \_\_\_\_\_ %

Secondary Suite Information (If Applicable):  Existing Suite  New Suite Total Floor Area (Primary Residence) : \_\_\_\_\_  Sq. meters  Sq. feet \_\_\_\_\_  
 Main Floor Area: \_\_\_\_\_ 2nd Floor Area: \_\_\_\_\_ Basement Floor Area: \_\_\_\_\_ Total Floor Area (Suite): \_\_\_\_\_

Detailed Description of Work and/or intended use or occupancy of the building:  
 \_\_\_\_\_  
 \_\_\_\_\_

PERMIT APPLICANT DECLARATION: I hereby make application for a Development Permit under the provision of the Land Use Bylaw in accordance with the plans and supporting information submitted herewith and which form part of this application. By submitting this application I hereby allow right of entry for inspection purposes.  
 Permit Applicant Name (s) (Please Print): x \_\_\_\_\_ Permit Applicant Signature (s): x \_\_\_\_\_  
 Landowner Name (s) (Please Print): x \_\_\_\_\_ Landowner Signature (s): x \_\_\_\_\_  
x \_\_\_\_\_ x \_\_\_\_\_

**To Be Completed By Developing Authority :** DPID: \_\_\_\_\_ Tax Roll Number: \_\_\_\_\_ Land Use District (Zone): \_\_\_\_\_  
 LAND ID: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ PLAN: \_\_\_\_\_ Abandoned Well Within 50M of Property (Please Circle) **Y / N**  
 Variance Requested (If Applicable): MPC  \_\_\_\_\_ D/O (10%)  \_\_\_\_\_ District Overlay: \_\_\_\_\_

Development Permit:	\$ _____	Building Permit:	\$ _____
Development Deposit	\$ _____	Safety Code Council:	\$ _____
Landscaping Deposit:	\$ _____	RECEIPT #    	
Hardsurfacing Deposit:	\$ _____		
Advertising:	\$ _____		
<b>TOTAL:</b>	<b>\$ _____</b>		

Permit Validation Section *to be completed by the Development Officer*. For conditions of this approval please see the attached "Development Permit" as completed by the Development Officer.  
  
 \_\_\_\_\_  
 Development Officer's Signature

SDAB Date: \_\_\_\_\_ MPC Date: \_\_\_\_\_ Advertising Date: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

The personal information that you provide to the City of Lacombe is collected under the authority of the *Alberta Freedom of Information and Protection of Privacy (FOIP) Act* – Section 33(c). The information will be used to process permit applications, administer and manage permits issued by the City of Lacombe. Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with the *FOIP Act*, and can be reviewed and corrected upon request. Questions regarding the collection of personal information can be directed to: FOIP Coordinator, City of Lacombe, 5432-56 Ave, Lacombe, AB T4L 1E9, 403-782-6666 or 403-782-1281, [foip@lacombe.ca](mailto:foip@lacombe.ca).