

APPLICATION FOR DEVELOPMENT PERMIT

Tourist Home



4926 - 50 Avenue
Sylvan Lake, Alberta T4S 1A1
Phone: 403.887.2141 Fax: 403.887.3660
Email: tsl@sylvanlake.ca

FOR OFFICE USE ONLY

Date Received: _____ Fees: \$300 (new) \$150 (renewal)
Date Received Completed: _____ Receipt No. _____
Land Use District: _____ Development Permit No.: _____
Tax Roll No.: _____ **EXPIRY DATE:** _____

I hereby make application under the provisions of the Land Use By-Law for a Development Permit in accordance with the plans and supporting information submitted herewith and which forms part of this application. The personal information on this form is collected for the purpose of processing your application. It may be disclosed in the event of an appeal about the development. Your name, the location of the development and its value will be public information. It is collected under the authority of the *Municipal Government Act* and Bylaw 1555/2010 of the Town of Sylvan Lake. The application is protected by the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Development Office at (403) 887-2185 Extension 273.

1. REGISTERED LANDOWNER INFORMATION

Name(s): _____
(Please Print)
Address: _____ Postal Code: _____
(City, Prov.)
Telephone: (Res.) _____ Work: _____ Cellular: _____

APPLICANT OR LOCAL PERSON AUTHORIZED TO ACT ON BEHALF OF REGISTERED OWNER (If different than Registered Owner):

Name: _____
(Please Print)
Address: _____ Postal Code: _____
(City, Prov.)
Telephone: (Res.) _____ Work: _____ Cellular: _____

I hereby certify that the information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application for development approval.

Signature of Registered Owner(s) (Required) Signature of Person Acting on Behalf of Registered Owner(s)

2. LEGAL LAND DESCRIPTION (Of Parcel for Proposed Tourist Home)

Plan: _____ Block: _____ Lot: _____ Parcel Size: _____ ft.² m²

Civic Location: _____

3. GENERAL DETAILS

- a) Land Use District (Zoning): _____ Number of Guest Pillows: _____
- b) Bed Sizes: _____ Single _____ Double _____ Queen _____ King _____ Pullout/Murphy
- c) Other(Please Specify) _____
- d) Number of Off Street Parking Stalls: _____ Size of Stall(s): _____
Parking Plan (copy of survey or real property report) showing dimensions of parking stall(s), must accompany this application.
- e) Percentage of Front Yard Covered by Parking: _____ *(must be provided)*
- f) Is the tourist home currently operating: No Yes If “Yes” indicate start date: _____
- g) Date of Commencement: _____ Date of Application: _____
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4. GENERAL CHECKLIST:

- Completed Permit Application**
 - Applicable Fee – Tourist Home Discretionary Use Fee**
 - Site Plan showing number and sizes of off-street parking stalls provided (dimensions to be shown and to scale)**
 - Parcel coverage calculations for front yard parking (Bylaw requirements: Maximum 50% of front yard may be used for driveways and parking stalls).**
 - Letter from local contact authorized to act on the owners behalf.**
 - Details on pillow accommodation, bed sizes, bed types, where they are located (website or photos detailing this information is acceptable)**
 - Interior Floor Plan**
 - Detailed information, including size, location and design of signage proposed for the site.**
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Failure to complete this application fully, and to supply the required information, may cause delays in the processing of the application.

The Development Officer may require additional information.

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Date of Decision: _____ Authorized Signature: _____

Approved / Refused (For the Following Reason(s): _____

EXPIRY DATE: (2 years from date of issuance of permit): _____

Issue Business License # _____ Advertised: _____ Validity Date: _____