



TOWN OF SEDGEWICK

4818-47 Street, Sedgewick AB T0B 4C0
 Phone: (780) 384-3504
 Email: permit@sedgewick.ca

DEVELOPMENT PERMIT APPLICATION

Development Permit #	Roll #	Fee:	Received:
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Only applications that are complete will be accepted.

PLEASE NOTE: This application is ONLY for a Development Permit. Building permits are separate.

PROJECT LOCATION – (REQUIRED)

Street (Civic) Address:

Project Legal Description:

Land Use District:

Lot:	Block:	Plan:	<input type="checkbox"/> R1 Residential General	<input type="checkbox"/> R3 Residential Sectional Home	<input type="checkbox"/> C1 Commercial Central
			<input type="checkbox"/> R1A Residential Single Detached	<input type="checkbox"/> R4 Residential Low Density	<input type="checkbox"/> LIB Light Industrial Business
Qrtr:	Section:	Twp:	Range:	<input type="checkbox"/> R2 Residential Multi-Family	<input type="checkbox"/> I Institutional
					<input type="checkbox"/> DC Direct Control

TYPE OF WORK BEING PERFORMED – (REQUIRED)

<input type="checkbox"/> New Residential Building	<input type="checkbox"/> New Commercial/Industrial Building	<input type="checkbox"/> Fence
<input type="checkbox"/> Change of Occupancy/Use	<input type="checkbox"/> Addition/Accessory Building	<input type="checkbox"/> Demolition (disconnect all utilities)
<input type="checkbox"/> Detached Garage/Shed	<input type="checkbox"/> Interior/Exterior Renovations	<input type="checkbox"/> Sign
<input type="checkbox"/> Deck	<input type="checkbox"/> Secondary Suite	<input type="checkbox"/> Other: _____

PROJECT DESCRIPTION – (REQUIRED)

Site Plan Attached

Building Plans Attached

Estimated Construction Value:	Contractor Name:	Phone/Cell:
	_____	_____
	Email:	_____

Please describe proposed development: (include start and completion date)

Front Lot Line:	Setbacks (m)	Side Lot Line:	Start:	Completion:
	Rear Lot Line:		Height:	

BUILDING TYPE AND LOT DENSITY – (REQUIRED)

<input type="checkbox"/> Residential ○ Single Detached ○ Semi Detached	<input type="checkbox"/> Multi-Family Dwelling Number of Units: _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional
		<input type="checkbox"/> Percentage of Lot Occupied:

MANUFACTURED OR MOBILE HOME OR OTHER MOVED-IN BUILDING - (COMPLETE IF REQUIRED)

Make:	Year:	Serial Number:

Privacy Disclosure: "The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the FOIP Coordinator at (780)384-3504



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ACCESSORY BUILDINGS AND/OR ADDITIONS TO EXISTING BUILDINGS – (COMPLETE IF REQUIRED)

Total Existing Area (M ²)	Proposed New Area (M ²)
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CHANGE OF OCCUPANCY OR USE – (COMPLETE IF APPLYING FOR CHANGE OF OCCUPANCY/USE)

Previous/Current Use:	New Use:	Number of Parking Spaces (with new use): _____
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For multi-family developments, commercial and industrial business:

*A loading space shall be designed and located so that all vehicles using that space can be parked and manoeuvred entirely within the bounds of the site without backing to or from adjacent streets. Ensure loading space dimensions are shown on site drawing (including overhead clearance).	Number of Loading Spaces (with new use): _____
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SECONDARY SUITE – (COMPLETE IF APPLYING FOR DEVELOPMENT OF SECONDARY SUITE)

Location of secondary suite: <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Above Garage <input type="checkbox"/> Other	Floor area of secondary suite (M ²): _____	Number of bedrooms in secondary suite: _____
	Floor area of principal dwelling (M ²): _____	Number of parking stalls available on site: _____

OWNER OR REPRESENTATIVE – (REQUIRED)

<input type="checkbox"/> I am the registered owner of the land described above	<input type="checkbox"/> I have been designated as the representative of the Owner (<input type="checkbox"/> Attach written consent)
Owner Name: _____	Agent Name: _____
Company Name: _____	Company Name: _____

OWNER'S MAILING ADDRESS - (REQUIRED)

Mailing Address:	City/Town:	Province:	Postal Code:
Phone:	Email:		

APPLICANT - Same as Owner (REQUIRED)

Applicant's Name:	Mailing Address:		
Company Name:	City/Town, Province:	Province:	
Email Address:		Postal Code:	
Signature:	Date:		

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Development Permit Information:

Receipt of an approved Development Permit SHALL NOT be interpreted as permission to proceed with construction. Construction shall not commence prior to a Building Permit being issued.

Development Permit approval granted under the Land Use Bylaw is effective for a period of one year, unless otherwise stated. An extension may be granted if requested in writing prior to the permit expiry date and the submission of the appropriate fee.

BUILDING PERMITS (& Other Disciplines)

The Town of Sedgewick contracts permitting services to Superior Safety Codes Inc. for the Building, Electrical, Plumbing, Natural Gas and Private Sewage disciplines. Superior Safety Codes requires a copy of the approved Development Permit prior to issuance of a Building Permit.

Superior Safety Codes Inc. Toll Free: 1-888-358-5545

Online access - <https://superiorsafetycodes.com/>

Example of a site plan:

