



Development Permit Application Package

LOW DENSITY RESIDENTIAL
MULTI RESIDENTIAL

Version 3 – August 2022

Application requirements for new Residential Dwelling

Please check off the following information which is required to facilitate a thorough evaluation and timely decision on your application. All information and material for this application must be complete, clear, legible, and precise. The processing of your application will be put on hold status until the complete information is submitted.

Only complete applications will be accepted

Applicant Use	Office Use	Required Documents, Information, and fees for Development Permit Application
<input type="checkbox"/>	<input type="checkbox"/>	Complete Development Permit Application including fee. Please note in the application of the basement is being developed as well.
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Certificate of Title , less than 30 days old and with a copy of all registrations .
<input type="checkbox"/>	<input type="checkbox"/>	Building Grade slip , signed and with Builder's address.
<input type="checkbox"/>	<input type="checkbox"/>	Developer approved Plot Plan
<input type="checkbox"/>	<input type="checkbox"/>	Developer stamp on plot plan
<input type="checkbox"/>	<input type="checkbox"/>	Tree(s) shown in front yard, not within utility right of way
<input type="checkbox"/>	<input type="checkbox"/>	Primary building's site coverage indicated on plot plan
<input type="checkbox"/>	<input type="checkbox"/>	Developer approved Construction Drawings
<input type="checkbox"/>	<input type="checkbox"/>	Developer stamp on Construction Drawings
<input type="checkbox"/>	<input type="checkbox"/>	Must include all elevations of proposed dwelling (front, rear, left & right views)
<input type="checkbox"/>	<input type="checkbox"/>	Must include total height of building from grade to apex of peak
<input type="checkbox"/>	<input type="checkbox"/>	Fire Safety Plan
<input type="checkbox"/>	<input type="checkbox"/>	Offsite Levies (fee to be calculated once development permit is issued, fee must be paid prior to permit approval)
<input type="checkbox"/>	<input type="checkbox"/>	Calgary Growth Charge (fee to be paid with application)
<input type="checkbox"/>	<input type="checkbox"/>	Infrastructure Development Security (fee to be paid with application)
<input type="checkbox"/>	<input type="checkbox"/>	Business License for builder and subcontractors.



Applicant Use	Office Use	Required Documents, Information, and fees for Building Permit Application
<input type="checkbox"/>	<input type="checkbox"/>	Complete Building Permit Application including fee.
<input type="checkbox"/>	<input type="checkbox"/>	Please note if the basement is being developed as well.
<input type="checkbox"/>	<input type="checkbox"/>	Include the Construction Value on the Building Permit Application
<input type="checkbox"/>	<input type="checkbox"/>	Fire Safety Plan
<input type="checkbox"/>	<input type="checkbox"/>	Basement Construction Drawing must show Radon Rough-in pipe.
<input type="checkbox"/>	<input type="checkbox"/>	Energy Efficiency Checklist
<input type="checkbox"/>	<input type="checkbox"/>	New Home Warranty , including Builder's License Registration
<input type="checkbox"/>	<input type="checkbox"/>	Floor joist layout
<input type="checkbox"/>	<input type="checkbox"/>	Roof truss
<input type="checkbox"/>	<input type="checkbox"/>	Include Mechanical, Plumbing, Electrical, & Gas Contractors, if known
<input type="checkbox"/>	<input type="checkbox"/>	Ensure they all have a valid Business License with the Town
<input type="checkbox"/>	<input type="checkbox"/>	Window details
<input type="checkbox"/>	<input type="checkbox"/>	Water meter fee, to be paid with the permit.
<input type="checkbox"/>	<input type="checkbox"/>	Meter must be installed prior to fixtures being connected to water.
<input type="checkbox"/>	<input type="checkbox"/>	Water, Sanitary Sewer, & Storm Sewer Connection permit application
<input type="checkbox"/>	<input type="checkbox"/>	Submit checklist and photos to serviceconnect@strathmore.ca when connection is completed

No work can commence until Development Permit has been Issued, and Building Permit is Approved



FORM 1

Application Form

Applications can be submitted electronically by emailing all required documents to: development@strathmore.ca or in person to the Development Services Counter at Town Hall. **Development Fees must be paid with submission.**

Applicant & Property Owner Information

Applicant			Property Owner (if different than Applicant)		
Phone			Phone		
Email			Email		
Mailing Address			Mailing Address		
Town/City	Province	Postal Code	Town/City	Province	Postal Code

Location of Development

Civic Address					
Legal Address	Lot	Block	Plan		

Description of Development

Describe the proposed development and all activities on the site.



Please Select All That Apply: <input type="radio"/> Low Density Residential (1-2 Units) <input type="radio"/> Multi Residential (3+ Units)	Land Use District:
	Permitted or Discretionary Use:
	Development Permit Application Fee:
For Office Use Only	
Roll #:	Development Permit #:
Building Permit Required? (Y/N)	Business License Required? (Y/N)
Date Submitted:	Fees Paid? (Y/N)

1. Failure to fully complete this form and/or supply the required information may delay your application.
2. Development Permit fees must accompany this application prior to its review.
3. A Development Permit does not become effective until the appeal period has expired or until any appeals have been heard and a decision has been rendered by the Subdivision and Development Appeal Board (SDAB).
4. If a decision has not been issued within 40 days of the date the application was deemed complete by Development Services, the application will be deemed to be refused. An appeal may then be made to the Subdivision and Development Appeal Board within 14 days.
5. A Development Permit shall be deemed void after 12 months of no progress.
6. A Development Permit is NOT a Building Permit or a Business License. Any approvals granted regarding this Development Permit application does not excuse the applicant from applying for the necessary Building Permits or Business Licenses, nor does it excuse the applicant from abiding by other applicable Municipal, Provincial, and/or Federal licenses or requirements.
7. This Development Permit does not override conditions of any easement, restrictive covenant, architectural controls, or agreements affecting the building and/or lands. The Applicant is still responsible to comply with any and all conditions affecting a building and/or land.

I have read, understood, and agree to the above information. The information I have provided is true, and to the best of my knowledge and abilities, is accurate and complete.

Owner/Applicant Signature

Date

Application Screened for Completion By:
(Development Officer/Planner)

Date



FORM 2

Development Permit Application Checklist

All information in the following checklist must be attached to every Development Permit application. **THIS LIST MUST BE SIGNED AND SUBMITTED WITH THE APPLICATION FORM.**

Required Documentation and Information		
Applicant	Office	
<input type="radio"/>	<input type="radio"/>	Certificate of Title dated within 30 days of the date of your application submission
<input type="radio"/>	<input type="radio"/>	Copies of all instruments and documents registered on the Certificate of Title
<input type="radio"/>	<input type="radio"/>	Owner Authorization Form (see Form 3a) Corporate Authorization Form (see form 3b)
<input type="radio"/>	<input type="radio"/>	Right of Entry Form (see Form 3a)
<input type="radio"/>	<input type="radio"/>	Lot Grading Plan, Site Drainage Plan, Development Site Servicing Plan (DSSP) (if required)
<input type="radio"/>	<input type="radio"/>	Development Permit Application Fee
<input type="radio"/>	<input type="radio"/>	Complete Site Plan (2 copies) that includes the following:
<input type="radio"/>	<input type="radio"/>	a. North Arrow and Key Map (showing adjacent properties within 50m of the site)
<input type="radio"/>	<input type="radio"/>	b. Address, Legal Description, Property Lines, Lot Area, Site Width, and Site Depth
<input type="radio"/>	<input type="radio"/>	c. Utility Rights-of-Way and Easements
<input type="radio"/>	<input type="radio"/>	d. Outlines of all buildings (including accessory buildings) with setbacks from property lines
<input type="radio"/>	<input type="radio"/>	e. Lot Grades and Site Drainage Information
<input type="radio"/>	<input type="radio"/>	f. Adjoining streets, sidewalks, curb cuts, retaining walls, fencing, and garbage collection
<input type="radio"/>	<input type="radio"/>	g. Parking, loading areas, drive aisles, circulation roads, driveway flares, vehicle maneuvering
<input type="radio"/>	<input type="radio"/>	h. Location of existing service lines, electric and gas metres, utility poles guy wires, hydrants
<input type="radio"/>	<input type="radio"/>	i. Landscaping Area, including existing and proposed trees, shrubs, and vegetation. Landscaping must be consistent with the Landscaping requirements in the Land Use Bylaw. <i>Note: Low Density applications must show, at minimum, one tree and must provide a Contractors Quote and 100% Landscaping Security unless otherwise stated by the Town.</i>
<input type="radio"/>	<input type="radio"/>	j. Lighting standards and building illumination. <i>Note: backlit fascia signage is prohibited in the CB District</i>
<input type="radio"/>	<input type="radio"/>	k. Public amenities located within six (6) metres of the subject property (see Form 4)
<input type="radio"/>	<input type="radio"/>	Complete Landscaping Plan (2 copies) for all Multi Residential sites 0.4 hectares or greater that includes the following:
<input type="radio"/>	<input type="radio"/>	a. Existing and proposed trees, shrubs, benches, and pathways on and adjacent to the site
<input type="radio"/>	<input type="radio"/>	b. Contractors Quote and 100% Landscaping Security. (Payable at the Building Permit Stage)



<input type="checkbox"/>	<input type="checkbox"/>	Floor Plans (2 copies)
<input type="checkbox"/>	<input type="checkbox"/>	a. Total floor area (square metres)
<input type="checkbox"/>	<input type="checkbox"/>	b. Outline and dimensions of all buildings including projections, doors and windows
<input type="checkbox"/>	<input type="checkbox"/>	c. Location of all interior walls, service and mechanical rooms and labels on all rooms
<input type="checkbox"/>	<input type="checkbox"/>	d. Indoor and outdoor seating plans for all public use
<input type="checkbox"/>	<input type="checkbox"/>	Elevation Drawings (2 copies)
<input type="checkbox"/>	<input type="checkbox"/>	a. Building facades, including windows, doors, projections, architectural detail including colour and materials
<input type="checkbox"/>	<input type="checkbox"/>	b. Dimensions of buildings, including projections and labels for all external materials
<input type="checkbox"/>	<input type="checkbox"/>	c. Lot grades, building grades, and grade lines plotted on each façade of the building
<input type="checkbox"/>	<input type="checkbox"/>	d. Location and size of all rooftop mechanical equipment and screening details
<input type="checkbox"/>	<input type="checkbox"/>	e. Elevation drawings showing facades, fences and retaining walls proposed for the site
<input type="checkbox"/>	<input type="checkbox"/>	Sign Drawings (2 copies) – only if applying for Multi-Residential signage
<input type="checkbox"/>	<input type="checkbox"/>	a. Copy to be placed on all signs
<input type="checkbox"/>	<input type="checkbox"/>	b. Height and dimensions of all signs
<input type="checkbox"/>	<input type="checkbox"/>	c. Colours and materials of all signage structures
<input type="checkbox"/>	<input type="checkbox"/>	d. Details of illumination (backlit fascia signage is prohibited in the CB District)
<input type="checkbox"/>	<input type="checkbox"/>	e. Labels on every element of the signage application
<input type="checkbox"/>	<input type="checkbox"/>	Off-Site Levies (if required)
<input type="checkbox"/>	<input type="checkbox"/>	Building Grade Slip (2 copies) in new subdivisions, this is issued and signed by the Developers Engineer/Builder
<input type="checkbox"/>	<input type="checkbox"/>	City of Calgary Growth Charge (if required)
<input type="checkbox"/>	<input type="checkbox"/>	Digital Copies of the Entire Application Package
<input type="checkbox"/>	<input type="checkbox"/>	Traffic Impact Analysis (if required for Multi-Residential)
<input type="checkbox"/>	<input type="checkbox"/>	Public Amenities Disclosure (see Form 4)
<input type="checkbox"/>	<input type="checkbox"/>	Site Contamination Disclosure (see Form 5)
<input type="checkbox"/>	<input type="checkbox"/>	Fire Safety Plan (see Form 6) Note: The Town will also accept this at the Building Permit stage

NOTE: The Development Officer/Planner may request additional information beyond the checklist requirements.

NOTE: By signing your name on the signature line below, you agree that all information submitted on this form is true.

 Owner/Applicant Signature

 Date

 Application Screened for Completion By:
 (Development Officer/Planner)

 Date

**FORM 3a****Right of Entry & Owner Authorization Form**

All information in the following form must be filled-out and submitted with every Development Permit application.

OWNER AUTHORIZATION

I/We _____

Print name(s) of registered owner(s)

Being the registered owner(s) for _____

Legal description and/or municipal address of land

Do hereby authorize _____

Individual or firm making application

To submit a Development Permit application on our behalf for the above described property.

Owner Signature

Date

RIGHT OF ENTRY

I/We _____

Print name(s) of registered owner(s)/applicant(s)

Being the registered owner(s)/applicant(s) for _____

Legal description and/or municipal address of land

Do hereby authorize representatives of the Town of Strathmore to enter upon the subject lands for the purpose of site inspection(s) to evaluate the proposed development and to ensure compliance with any subsequent conditions in the event the Development Permit application is approved.

To submit a Development Permit application on our behalf for the above described property.

Owner/Applicant Signature

Date

**FORM 3b****Affidavit of Corporate Signing Authority**

I, _____, of _____ make oath and say:

1. I am an officer or director of _____ being the corporation named in the Land Use Rezoning / Subdivision / Area Structure Plan / and/or Development Permit application as submitted to the Town of Strathmore affecting lands legally described as:

2. (a) I am authorized to sign the Land Use Rezoning / Subdivision / Area Structure Plan / and/or Development Permit application on behalf of the corporation without affixing a corporate seal; and
- (b) I am authorized to sign a letter appointing an agent to act on behalf of the corporation regarding the Land Use Rezoning / Subdivision / Area Structure Plan / and/or Development Permit application(s) without affixing a corporate seal; and

I hereby appoint _____ as our agent for the above-mentioned application(s)

If Corporate seal is not used

SWORN before me at _____)

Print Name

In the _____)

This ____ day of _____ A.D. 20__)

Signature

Affix Corporate Seal here

_____)

Commissioner of Oaths

In and For the Province of Alberta

**FORM 4****Public Amenities Disclosure**

This form must be filled-out and submit as part of every Development Permit application.

1. **Is there any Town owned land, public amenities, or have Final Acceptance Certificates (FAC's) been issued by the Town of Strathmore for property adjacent to the proposed development?** *Please contact the Town of Strathmore's Development Services if you are unsure of the status of Final Acceptance Certificates in your neighbourhood.*

YES

NO

2. **If you answered YES to question #1, please provide a detailed description of each Town owned feature located within six (6) metres of the proposed development. Please ensure these features are included on the Site Plan submitted as part of your Development Permit Application. E.g. benches, trees, garbage cans, sidewalks, planter boxes, curbs, deep services, roadways, traffic control devices etc.**

3. **If you answered YES to question #1, please describe your plan to mitigate damages to these features that may occur during site demolition and/or construction.**

Owner/Applicant Signature

Date

**FORM 5****Site Contamination Disclosure**

Please be aware further site assessments may be required as part of the review of your application.

ACTIVE ENVIRONMENTAL SITE INVESTIGATIONS

1. **Are you aware of any active environmental investigations for this site? E.g. audits, assessments, tests, surveys or studies.**

YES

NO

2. **If you answered YES to question #1 above, please provide a brief description of each environmental investigation.**

HISTORICAL SITE REMEDIATION

3. **Are you aware of any historical site remediation or a request for such to occur on this site? E.g. audits, assessments, tests, surveys or studies.**

YES

NO

4. **If you answered YES to question #3 above, please provide a brief description.**

Owner/Applicant Signature

Date



FORM 6

Fire Safety Plan

PLEASE CONTACT A PLANNER/DEVELOPMENT OFFICER TO DISCUSS THE REQUIREMENTS FOR YOUR FIRE SAFETY PLAN

All information in the following form must be part of a development application. Note: The Town will accept a Fire Safety Plan at the Development Permit or Building Permit stage of development.

- Alberta Fire Code 2014, Division B, Section 5.6. This Section applies to *buildings*, parts of *buildings*, and associated areas undergoing construction or demolition operations including renovations.
- Alberta Fire Code 2014, Division B, Section 5.6.1.3. (1)(2) Prior to the commencement of construction or demolition operations, a Fire Safety Plan shall be prepared for the site.

The Fire Safety Plan will be **site specific** and may be reviewed at any time by the *authority having jurisdiction*. (Fire Department – Fire Safety Codes Officer) Fire Safety Plan should be reviewed and updated as the construction site progresses. The (General) Contractor, as a representative of the owner, is responsible for the Fire Safety Plan until occupancy.

A Fire Safety Plan should include but is not limited to the following information.

1. Emergency Procedures to be used in THE EVENT OF AN EMERGENCY

- ☐ Sounding of the fire alarm (horn). Who is the designate and backup person
- ☐ Notify the fire department (911). Who is the designate and back up person
- ☐ Instruction for site personnel to follow when an alarm is sounded.
- ☐ Are exit routes clearly identified within the site or from floors.
- ☐ Designated gathering location, off site.
- ☐ List of personnel on site, updated and current - you should know who is on site.
- ☐ Person assigned to meet the fire department and give information.
 - ☐ Where is the fire or injury located on site
 - ☐ Is everybody on site accounted for
- ☐ Assigned site fire warden(s), various trades represented.
- ☐ Directions and training on confining or controlling the fire.

2. Training of site personnel on evacuation procedures including:

- ☐ Site orientation.
- ☐ Regular site fire safety meetings incorporated into regular safety meetings.
- ☐ Simulated fire drills as applicable and warranted.

3. Assigned site personnel responsible to install and maintain fire safety duties such as:

- ☐ Control of combustibles on the site and around the buildings.
- ☐ General site housekeeping.
- ☐ Removal of excess garbage material on a regular basis.



- ☐ Maintain separation of combustibles from open flame devices.
- ☐ Maintain clear unobstructed access for fire department apparatus and to hydrants.
- ☐ Maintaining and operation of at least one exit from every floor.
- ☐ Separation of access routes from materials stored on site, combustibles, etc.
- ☐ Parking of vehicles or delivery trucks directed so as not to obstruct fire department access to the site and buildings. (offsite parking and storage may be considered)

4. Firefighting Services – hydrant, Siamese, sprinkler, temporary access route

- ☐ Installed, tested and activated at the start of construction
- ☐ Maintained and accessible for fire fighters
- ☐ Access to the building – listing primary and secondary access points
- ☐ Firefighting services (standpipes, hydrants) are in place, are they accessible
- ☐ Provide drawings showing location of firefighting systems as they are operational.
- ☐ The site properly addressed and the sign visible and legible to emergency crews

5. Fire Extinguishers:

- ☐ Sufficient numbers on site
- ☐ Up to date, serviced within the last year
- ☐ At or near gas or propane fuel operated equipment
- ☐ Mounted, with proper signage, at exit locations or required travel distance on site
- ☐ Adjacent to any hot works operations – cutting torch, welding or torching

6. Hot works operations:

- ☐ The area shall be clear of flammable and combustible materials
- ☐ Fire watch assigned during hot works operation and for a period of 60 minutes after its completion.
- ☐ A final inspection of the hot works area 4 hours after completion
- ☐ Are the hot works in the proximity of combustible or flammable materials, have provisions been made for protection of such materials by noncombustible materials, thermal barrier or other means.
- ☐ Work being performed by trained or certified personal
- ☐ A fire extinguisher present at all times
- ☐ Proper ventilation, as required
- ☐ Are there hot tar pits on site c/w extinguishers, trained personnel, and located away from combustible materials?

7. Flammable and Combustible Storage

- ☐ Storage area separated from combustible material by 3m
- ☐ Storage area locked and vented
- ☐ Storage area protected from vehicular/ industrial motorized traffic
- ☐ Portable pressurized (new or use) cylinders secured when not in use
- ☐ Area have proper signage or placard in place
- ☐ A current or updated list of dangerous goods on site
- ☐ A portable extinguisher in close proximity to storage and work areas
- ☐ Storage area away from egress and access routes to the site



8. Security

- ☐ Is their 24-hour security on site, by locked gate, nightly rounds, or on-site provisions

9. Contact Personnel

- ☐ Is there a list of names, addresses, and telephone numbers of persons to be contacted during non-operating hours or in emergency situations?

This information is being provided for the construction industry as an aid in preventing injury and fires in and around construction sites and to address life and property fire safety issues. Keeping in mind it is the **sole responsibility of the owner** or representatives of the owner to be aware of all regulations within the jurisdiction and to carry out or make provision to adhere to the various codes and standards applicable to their project or business.

For further information, assistance or to arrange for a site visit contact your local Fire Inspection Officer or the Authority Having Jurisdiction. (403)934-3022

	Town of Strathmore 1 Parklane Drive, Box 2280 Strathmore, AB T1P 1K2 e-mail: development@strathmore.ca Phone: 403-934-3133 Fax: 403-934-4713	<h1 style="text-align: center;">Permit Label</h1>
--	--	---

BUILDING PERMIT APPLICATION

To be completed by Town Staff	Development fee:		
Development Permit #:	Calgary Growth Charge		
Building Permit #:	Water meter fee:		
Date:	Building Permit fee:		
	Safety Codes Council fee:		
Date of receipt of complete application:	Securities:		
	Total payable:		

To be completed by Owner or Applicant			
Project Civic Address:			
Legal Address:	Lot	Block	Plan
Construction Value (\$)	Area: _____ <input type="checkbox"/> ft ² or <input type="checkbox"/> m ²		
TYPE OF PROJECT (check applicable box)			
<input type="checkbox"/> Residential New Single Family Dwelling		<input type="checkbox"/> Single Family Addition <input type="checkbox"/> Single Family Renovation	
<input type="checkbox"/> Residential Semi-Detached / Duplex Dwelling(s)		<input type="checkbox"/> Basement Development <input type="checkbox"/> Deck	
<input type="checkbox"/> Residential Manufactured / Modular Home		<input type="checkbox"/> Shed <input type="checkbox"/> Detached Garage	
<input type="checkbox"/> Residential Multi-family _____ # of dwelling units		<input type="checkbox"/> Hot Tub <input type="checkbox"/> Wood Burning Appliance	
<input type="checkbox"/> Commercial A. <input type="checkbox"/> New building <input type="checkbox"/> Renovation B. <input type="checkbox"/> Office/Personal Service <input type="checkbox"/> Retail <input type="checkbox"/> Assembly (restaurant/drinking)			
<input type="checkbox"/> Industrial A. <input type="checkbox"/> New Building <input type="checkbox"/> Renovation B. <input type="checkbox"/> F3 Light Hazard <input type="checkbox"/> F2 Medium Hazard			
<input type="checkbox"/> Secondary Suite		<input type="checkbox"/> Other (if not listed above): describe project	

Estimated start date of construction:	
Estimated completion date of construction:	

OWNER NAME:		
Address:		Phone:
City:		Cell:
Prov:	Postal Code:	Fax:
E-mail address:		

CONTRACTOR NAME:		
Address:		Phone:
City:		Cell:
Prov:	Postal Code:	Fax:
E-mail address:		

APPLICANT NAME:		
Address:		Phone:
City:		Cell:
Prov:	Postal Code:	Fax:
E-mail address:		

List of Contractors Responsible for the Following Disciplines (if applicable)		
HVAC	Name:	Ph #
Electrical	Name:	Ph #
Plumbing	Name:	Ph #
Gas	Name:	Ph #

I authorize the appropriate officers of the Town of Strathmore the right to access the property for the purpose of any necessary inspection in conjunction with this application. The undersigned hereby agrees to build according to the approved permits, information above, Plan Examination Report, and plans and specifications herewith submitted and agrees to comply with all Town Bylaws and Safety Code requirements.

I (print name),		hereby certify that:
	I am the owner.	
	I have been designated as the representative or agent of the owner, and I am aware that it is my responsibility to obtain all approvals from the landowner.	
I have read and understand this application in its completed form.		
SIGNATURE:		DATE:

DECISION

This Permit is valid for ____ year(s) from the date of issuance. If this project is not complete within the ____ year(s) time limit, an extension must be applied for or the Permit will be deemed to be expired and a new Permit will be required.

Date of issuance of Permit: _____

Safety Codes Officer: _____

Designation Number: _____

The Town of Strathmore is the Authority Having Jurisdiction and the Issuing Municipality

Protection of Privacy - The personal information requested on this form is collected under the authority of the Safety Codes Act, the Municipal Government Act and Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purpose of 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 public information and will be released to the public upon request. Direct any questions about this collection to the Town of Strathmore FOIP Coordinator at 403-934-3133, weekdays.

**ELECTRICAL PERMIT APPLICATION**

Town of Strathmore
1 Parklane Drive, Box 2280
Strathmore, AB T1P 1K2
development@strathmore.ca

Town of Strathmore

Permit Label

Date of Application: _____		Estimated Start Date: _____	
Development Permit Number: _____		Est. Completion Date: _____	
Accredited Municipality: Town of Strathmore		Civic Address: _____	
Lot: _____ Block: _____ Plan: _____			
Part of: _____ ¼ SEC _____ TWP _____ RG _____ W _____ Meridian			
Owner's Name: _____		Phone Number: _____	
Mailing Address: _____		Fax number: _____	
City/Town: _____ Prov. _____		Postal Code: _____	
Email: _____		Home Owner's signature _____	
<small>Home Owner's signature/declaration (homeowner permits only) "I hereby declare I am the owner of the premises in which the work will be conducted and reside on the property. I am doing the work myself and assume responsibility for compliance with the applicable Acts and Regulations.</small>			
Contractor's Name: _____		Phone Number: _____	
Mailing Address: _____		Fax Number: _____	
City/Town _____ Prov. _____		Postal Code: _____	
Master Certification #: _____		Master Electrician's Signature: _____	
Email: _____			
Applicant's Name: _____		Applicant's Signature: _____	
Mailing Address: _____		Phone Number: _____	
City/Town: _____		Fax Number: _____	
Prov. _____ Postal Code: _____		Email: _____	
<small>*The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days. The Permit will expire in 1 year unless otherwise noted.</small>			
<small>**The Permit Applicant acknowledges that No Refunds will be issued after Permit Issuance, the Plan Review process has been initiated, or for Permit Applications that have been pending in excess of 90 days due to lack of information or payment.</small>			
Project Information: <i>please check one box from each of the lines below:</i>			
Type of Work: <input type="checkbox"/> New Work <input type="checkbox"/> Renovation <input type="checkbox"/> Connection <input type="checkbox"/> Alteration <input type="checkbox"/> Other Specify) _____			
Intended Use: <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Basement Development			
Supply Service Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Service: Amperes: _____ Voltage: _____ Phase: _____			
Type of Supply Service: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Temporary <input type="checkbox"/> Pad Transformer			
Value: (labour & materials): _____ Total Development Area: _____ ft ² /m ²			
Description of Work: _____			

Permit Fee: _____ Other Fee: _____ SCC Levy: _____ Total Fee: _____			
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> Master Card			
Credit Card Payment Information:			
Name of Card Holder _____ Card Number: _____			
Expiry Date _____ CVC Number _____			
<small>(credit card information will not be forwarded outside of the Municipal Office)</small>			
Permit Issuance Information (this section is to be completed by Permit Issuer)			
Date of Issue: _____ Name: _____			
Designation No: _____ Signature: _____			

Protection of Privacy – The personal information requested on this form is collected under the authority of the Safety Codes Act, the Municipal Government Act and Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purpose of 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 public information and will be released to the public upon request. Direct any questions about this collection to the Town of Strathmore FOIP Coordinator at 403-934-3133, weekdays.

Updated January 2021

**GAS PERMIT APPLICATION**

Town of Strathmore
1 Parklane Drive, Box 2280
Strathmore, AB T1P 1K2
development@strathmore.ca

Town of Strathmore

Permit Label

Date of Application: _____		Estimated Start Date: _____	
Development Permit Number: _____		Est. Completion Date: _____	
Accredited Municipality: Town of Strathmore		Civic Address: _____	
Lot: _____ Block: _____ Plan: _____			
Part of: _____ ¼ SEC _____ TWP _____ RG _____ W _____ Meridian			
Owner's Name: _____		Phone Number: _____	
Mailing Address: _____		Fax number: _____	
City/Town: _____ Prov. _____		Postal Code: _____	
Email: _____		Home Owner's signature _____	
Home Owner's signature/declaration (homeowner permits only) "I hereby declare I am the owner of the premises in which the work will be conducted and reside on the property. I am doing the work myself and assume responsibility for compliance with the applicable Acts and Regulations."			
Contractor's Name: _____		Phone Number: _____	
Mailing Address: _____		Fax Number: _____	
City/Town _____ Prov. _____		Postal Code: _____	
Journeyman Class and Number: _____		Journeyman's Signature: _____	
Email: _____			
Applicant's Name: _____		Applicant's Signature: _____	
Mailing Address: _____		Phone Number: _____	
City/Town: _____		Fax Number: _____	
Prov. _____ Postal Code: _____		Email: _____	
<small>*The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days. The Permit will expire in 1 year unless otherwise noted. **The Permit Applicant acknowledges that No Refunds will be issued after Permit Issuance, the Plan Review process has been initiated, or for Permit Applications that have been pending in excess of 90 days due to lack of information or payment.</small>			
Project Information: <i>please check one box from each of the lines below:</i>			
Type of Work: <input type="checkbox"/> New Work <input type="checkbox"/> Renovation <input type="checkbox"/> Connection <input type="checkbox"/> Alteration <input type="checkbox"/> Other (Specify) _____			
Intended Use: <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Basement Development <input type="checkbox"/> Garage or Accessory Building (shed) <input type="checkbox"/> Other (Specify) _____			
Resource Used: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other (Specify): _____			
Gas: (Please mark number outlets)			
Furnaces: _____	Unit Heaters: _____	Barbeques: _____	Roof Top Units: _____
Water Heaters: _____	Boilers: _____	Space Heaters: _____	Tank Sets: _____
Fireplaces: _____	Dryers: _____	Other Outlets: _____	Specify: _____
Total Number of Outlets: _____		Commercial BTU's _____	
Permit Fee: _____		Other Fee: _____	
SCC Levy: _____		Total Fee: _____	
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> Master Card			
Credit Card Payment Information:			
Name of Card Holder _____		Card Number: _____	
Expiry Date _____		CVC Number _____	
<small>(credit card information will not be forwarded outside of the Municipal Office)</small>			
Permit Validation Section and Permit Issuer's Information (to be completed by Permit Issuer)			
Date of Issue: _____		Name: _____	
Designation No: _____		Signature: _____	

Protection of Privacy – The personal information requested on this form is collected under the authority of the Safety Codes Act, the Municipal Government Act and Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purpose of 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 public information and will be released to the public upon request. Direct any questions about this collection to the Town of Strathmore FOIP Coordinator at 403-934-3133, weekdays.



PLUMBING PERMIT APPLICATION

Town of Strathmore
1 Parklane Drive, Box 2280
Strathmore, AB T1P 1K2
development@strathmore.ca

Town of Strathmore

Permit Label

Date of Application: _____		Estimated Start Date: _____	
Development Permit Number: _____		Est. Completion Date: _____	
Accredited Municipality: Town of Strathmore		Civic Address: _____	
Lot: _____ Block: _____ Plan: _____			
Part of: _____ ¼ SEC _____ TWP _____ RG _____ W _____ Meridian			
Owner's Name: _____		Phone Number: _____	
Mailing Address: _____		Fax number: _____	
City/Town: _____ Prov. _____		Postal Code: _____	
Email: _____		Home Owner's signature _____	
<small>Home Owner's signature/declaration (homeowner permits only) "I hereby declare I am the owner of the premises in which the work will be conducted and reside on the property. I am doing the work myself and assume responsibility for compliance with the applicable Acts and Regulations.</small>			
Contractor's Name: _____		Phone Number: _____	
Mailing Address: _____		Fax Number: _____	
City/Town _____ Prov. _____		Postal Code: _____	
Journeyman Class and Number: _____		Journeyman's Signature: _____	
Email: _____			
Applicant's Name: _____		Applicant's Signature: _____	
Mailing Address: _____		Phone Number: _____	
City/Town: _____		Fax Number: _____	
Prov. _____ Postal Code: _____		Email: _____	
<small>*The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days. The Permit will expire in 1 year unless otherwise noted.</small>			
<small>**The Permit Applicant acknowledges that No Refunds will be issued after Permit Issuance, the Plan Review process has been initiated, or for Permit Applications that have been pending in excess of 90 days due to lack of information or payment.</small>			
Project Information: <i>please check one box from each of the lines below:</i>			
Type of Work: <input type="checkbox"/> New Work <input type="checkbox"/> Renovation <input type="checkbox"/> Connection <input type="checkbox"/> Alteration <input type="checkbox"/> Other (Specify) _____			
Intended Use: <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Basement Development <input type="checkbox"/> Garage or Accessory Building (shed) <input type="checkbox"/> Other (Specify) _____			
If Institutional, Industrial or Commercial, does a <u>Backflow/Cross-Control Connection</u> device exist? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, one must be installed as per Bylaw 19-19			
Value: (labour & materials): _____		Total Development Area: _____ ft ² /m ²	
Plumbing: <i>please indicated the number of fixtures:</i>			
Kitchen Sinks: _____	Toilets (Water Closets): _____	Backwater Valve: _____	Laundry Standpipe: _____
Wash Basins: _____	Floor Drains: _____	Sump Pump: _____	Hose Bibs: _____
Bathtubs: _____	Auto Washers: _____	Bar Sinks: _____	Dishwasher: _____
Showers: _____	Sprinkler Heads: _____	Other: _____	Specify: _____
Total Number of Fixtures: _____			
Permit Fee: _____		Other Fee: _____	
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> Master Card		SCC Levy: _____ Total Fee: _____	
Credit Card Payment Information:			
Name of Card Holder _____		Card Number: _____	
Expiry Date _____		CVC Number _____	
<small>(credit card information will not be forwarded outside of the Municipal Office)</small>			
Permit Validation Section and Permit Issuer's Information (to be completed by Permit Issuer)			
Date of Issue: _____		Name: _____	
Designation No: _____		Signature: _____	

Protection of Privacy – The personal information requested on this form is collected under the authority of the Safety Codes Act, the Municipal Government Act and Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purpose of 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 public information and will be released to the public upon request. Direct any questions about this collection to the Town of Strathmore FOIP Coordinator at 403-934-3133, weekdays.

Updated January 2021

WATER, SANITARY SEWER & STORM SEWER CONNECTION PERMIT

The Applicant must contact The Town of Strathmore (403) 934-3133 Engineering Department - Service Connections, 3 days prior to connecting to municipal water, sanitary sewer and storm sewer to arrange for the supervision and inspection of the installation of these services. Before backfilling the Quick Trench pictures of the connection must be emailed to: serviceconnect@strathmore.ca indicating the civic address in the subject line.

DATE OF APPLICATION: _____				
APPLICATION FOR:		<input type="checkbox"/> WATER & SANITARY SEWER CONNECTION		<input type="checkbox"/> STORM SEWER CONNECTION
				FEE: _____
Project Address - Civic		Project Address - Legal		
		Lot	Block	Plan
Proposed Use	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional
OWNER :		EMAIL ADDRESS: _____		
Name:	_____	Phone:	_____	
Address:	_____	Fax:	_____	
City:	_____	Province:	PC: _____	
APPLICANT:		EMAIL ADDRESS: _____		
Contractor Name	_____	Phone:	_____	
Address:	_____	Fax:	_____	
City:	_____	Province:	PC: _____	

I authorize the appropriate Town Employees of the Town of Strathmore OR a Representative of EPCOR the right to access the property for the purpose of any necessary inspection in conjunction with this application. The undersigned hereby agrees to abide by all applicable water, sanitary sewer and storm sewer connection specifications of the Town of Strathmore.

NAME OF APPLICANT (please print): _____

SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

DATE OF ISSUANCE OF PERMIT: _____

PERMIT ISSUER'S NAME: _____

PERMIT ISSUER'S SIGNATURE: _____

DEVELOPMENT PERMIT #: _____

WATER, SANITARY SEWER & STORM SEWER CONNECTION CHECKLIST

DATE OF SERVICE CONNECTION:			
Project Address - Civic		Project Legal Description:	
		Lot	Block
			Plan
CONTRACTOR :			
Name: _____		Signature : _____	
Company: _____		Ticket number: _____	

General

- ☐ Notified Town of Strathmore Service Connections 48 hours prior to commencement of service connection
- ☐ Pictures taken PRIOR to backfilling and sent to development@strathmore.ca
- ☐ All water, sanitary and storm rough in piping completed and installed to GRADE SLIP requirements
- ☐ Applied for locates with OneCall, notified the Town of any conflicts
- ☐ Submitted completed Checklist to Town of Strathmore Service Connections via email or mail
- ☐ If breaking a Town road-right-of-way: applied for an EXCAVATION PERMIT

Water

- ☐ Water services up to and including 50 mm installed in common trench with sanitary and storm sewer lines
- ☐ Water services larger than 50 mm installed in separate trench
- ☐ Tracing wire installed where services cannot be laid 90 degrees to the main
- ☐ Performed Visual Leak Test

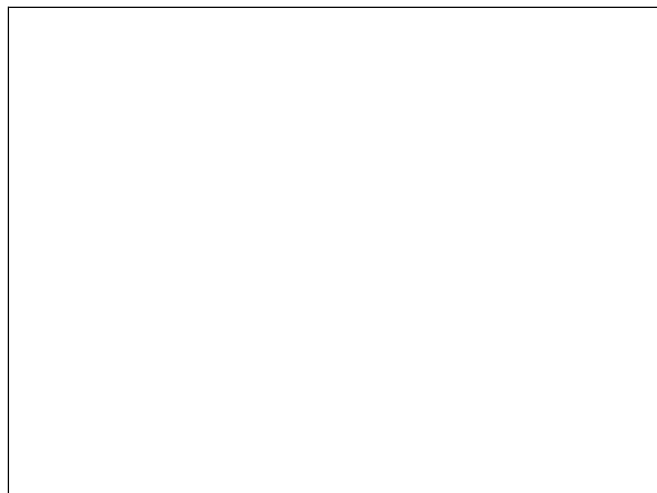
Sanitary Sewer

- ☐ Slope towards Main: _____
- ☐ Performed visual inspection of all joints
- ☐ Any debris which may have entered the service pipe or main, removed prior to completion of service connection

Storm Sewer

- ☐ Slope towards Main: _____
- ☐ Performed visual inspection of all joints
- ☐ Any debris which may have entered the service pipe or main, removed prior to completion of service connection

Sketch (Please label dimension including depth and location relative to center of lot):



Specifications

Backfill & Bedding

- Minimum 50mm suitable bedding material (fractured gravel 1/2" to 3/4") underneath service pipes
- Minimum 200mm suitable bedding material (fractured gravel 1/2" to 3/4") above service pipes

Water

- PEX Pipe (Cross-linked Polyethylene Pipe) meeting ASTM F876

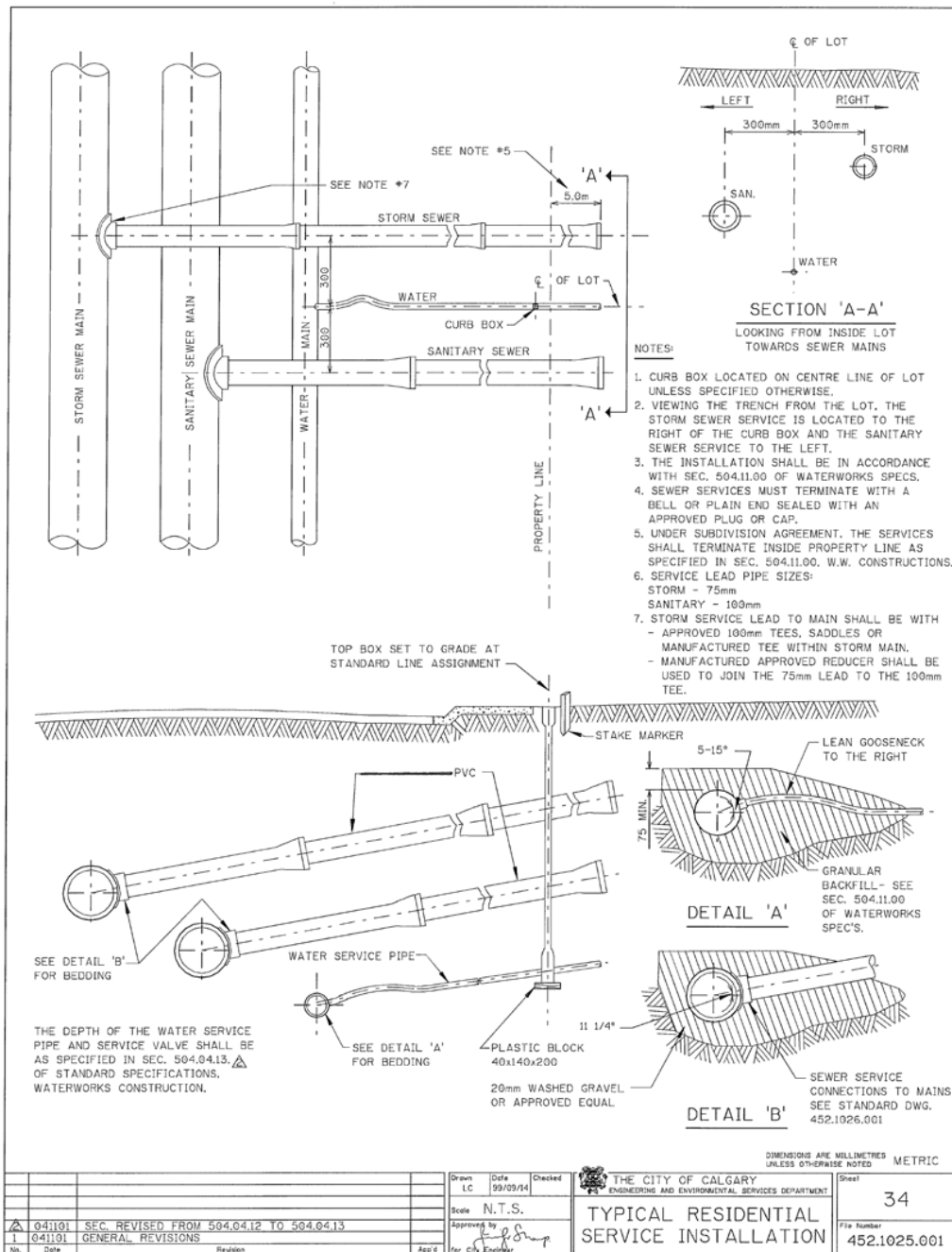
Sanitary Sewer

- PVC Pipe (Polyvinyl Chloride Pipe) shall be SDR35 meeting CSA B182.2.
- ABS Pipe (Acrylonitrile Butadiene Styrene pipe) meeting CSA B181.1
- Minimum 1% grade down towards main

Storm Sewer

- PVC Pipe (Polyvinyl Chloride Pipe) shall be SDR35 meeting CSA B182.2.
- ABS Pipe (Acrylonitrile Butadiene Styrene pipe) meeting CSA B181.1
- Minimum 1% grade down towards main
- Connection to the sanitary sewer is not permitted

DRAWING 34: TYPICAL RESIDENTIAL SERVICE INSTALLATION





BUSINESS LICENSE APPLICATION FORM

Applications can be submitted electronically by emailing all required documents to: development@strathmore.ca or in person to the Development Services Counter at Town Hall. **Application fees must be paid at the time of submission.**

Business License No: _____ Fee: _____ Date: _____

Business Information

Name of Business

Type of Business (Home Based Business, Contractor, Restaurant, Commercial Retail, etc.)

Business Mailing Address

Business Website

Business Phone Number

Location of Business (Civic Address and Lot Block Plan)

Town/City

Province

Postal Code

Provincial Approval is required:

- 1) If you receive prepayment for any portion of the contract;
- 2) If you buy, sell, lease and/or maintain automobiles, trucks, or recreational vehicles;
- 3) If you manufacture or process food products intended for human consumption; or
- 4) If you provide child care.

Additional Information (if applicable)

Net Leasable Area

Development Permit No.

Provincial License No.

If a Contractor

Date work starts: _____ Date work finishes: _____

Total number of days business license is required: _____

If a restaurant, do you have a drive-thru component? ____ Yes ____ No

Applicant Information

Name of Business Owner or Contact Person

Address of Business Owner

Email Address

Phone Number

1. Failure to fully complete this form and/or supply the required information may delay your application.
2. All application fees must accompany this application prior to its review.

I hereby make application to the Town of Strathmore for a current business license. This signature authorizes the Town of Strathmore to use your business information that we have collected to produce a business listing for our website.

Owner/Applicant Signature

Date

This information is being collected under the *Municipal Government Act* and will only be used for the purpose of Business License Application and for the business listing on the Town of Strathmore website. It is protected by the provision of the Freedom of Information & Protection of Privacy Act. If you have any questions about the collection, please contact the FOIP Coordinator at 403-934-3133.