



MAJOR DEVELOPMENT PERMIT

Commercial/Industrial/Institutional/Multifamily/Sign

GENERAL INFORMATION					
Applicant Name: Nails Enterprises 2007 Inc.			Application Date: July 31, 2019		
Address: 214 4910 50 Avenue					
City/Province: Cold Lake / Alberta			Postal Code: T9M 0G1		
Phone: 780-594-5594		Cell/Alternate Contact #: 780-826-9807		Fax: 780-594-5596	
Applicant Interest: (If not the owner)		Contractor:		Agent:	
Other:					
Owner Name: (a letter of authorization is required in the absence of the owner(s) signature on this application form) Dr. Margaret Savage Crisis Centre					
Owners Address (if not the applicant): Box 479					
City/Province: Cold Lake / Alberta			Postal Code:		
Phone: 780-594-0430		Cell/Alternate Contact #: -		Fax: -	
PROPERTY INFORMATION					
Municipal Address: 5201 50 Street			Land Use District: DC		
Legal Description:		Lot(s): 29		Block: 20	
Plan: 1623910		or Part Section:		Section:	
Twp:		Range:		Meridian:	
Lot Information:		Width:		Length:	
Lot Area:		Proposed Development (Check all boxes applicable)		Construction Value: \$	
<input type="checkbox"/> Multifamily Number of Units: _____ Building Height: _____ Area: _____ m x _____ m		<input type="checkbox"/> New Commercial Number of Units: _____ Building Height: _____ Area: _____ m x _____ m		<input type="checkbox"/> New Institutional/Industrial Building Height: _____ Area: _____ m x _____ m	
<input checked="" type="checkbox"/> Attached Garage Size: 6 m x 4 m		<input checked="" type="checkbox"/> Detached Garage Size: 6 m x 6 m		<input type="checkbox"/> Accessory Building Size: _____ m x _____ m	
<input type="checkbox"/> Addition/ Renovation Size: _____ m x _____ m		<input type="checkbox"/> New Business License Application		<input type="checkbox"/> Land Clearing/ Excavation _____ hectares	
<input type="checkbox"/> Change of Use		<input type="checkbox"/> Sign		<input type="checkbox"/> Other Describe:	
<input type="checkbox"/> Variance Describe:			Parking Stalls Provided: _____ Loading Spaces Provided: _____		
Setbacks from Foundation to Property line		Front:		Sides: _____ Rear: _____	
Are you located near a watercourse or Steep Slope? _____ If yes, distance to property line: _____			Is the lot serviced as per required by the Engineering Standards? _____ If NO, have you entered into a Development Agreement: _____		
Lot Coverage:			Amenity Space Provided:		
Estimated Start Date: September 1, 2019			Estimated Completion Date: December 31, 2019		

PLEASE CONTINUE ON REVERSE SIDE

A Development Permit is valid for 365 days from date of issuance

I/ we hereby declare I/we have reviewed and understand the conditions/terms of the City of Cold Lake Land Use Bylaw and that the development identified in this application will be conducted in accordance with the plans submitted and upon approval, will adhere to the conditions and provisions of the City of Cold Lake Land Use Bylaw. I/ we hereby grant the Development Authority Right of Access to conduct all necessary inspections on the subject property with respect to this application. All work will be conducted in accordance with the plans submitted. I/we further declare that I/we will notify the Development Authority of any proposed changes to the plans submitted with this application.

Date signed: <i>July 31 2019</i>	Print name: <i>Nolan Rawlake</i>	Signature of Applicant: x <i>[Signature]</i>
Date signed:	Print name:	Signature of Owner: x (If not the applicant) or letter of authorization

Check list of submission requirements to be included with all "Major" Development Permit Applications.

Fields that have an asterisk (*) must be provided.

Check that all required information has been submitted with the application.

<input type="checkbox"/> *Application Fee (only Cheque/ Debit/ Cash) <i>Non Refundable</i>
<input type="checkbox"/> *Certified Copy of Title
<input type="checkbox"/> *A Site Plan at a scale satisfactory to the Development Officer showing the North Arrow, Scale of Plan, Legal Description of Property, Municipal Address, and Land Use District.
<input type="checkbox"/> *Locations and Distances to property lines from building, structures, decks, utility poles, fences, retaining walls, trees, landscaping. Front, Side and Rear Yard Setbacks to be indicated.
<input type="checkbox"/> *Lot Dimensions, Lot Area, Building Area, and Percentage of Lot Coverage for All Structures
<input type="checkbox"/> *Lot Grade Plans to provide positive drainage to an approved drainage course
<input type="checkbox"/> *All Easements shown and labeled
<input type="checkbox"/> *ERCB Site Check
<input type="checkbox"/> Offsite Levies (if applicable)
<input type="checkbox"/> Location of lot access, existing sidewalks and curbs and distance from property line
<input type="checkbox"/> Building Elevations including: front, sides and rear. Building Height to top of roof. Roofing Material and Pitch
<input type="checkbox"/> Building Plans including: scale and dimension of exterior and interior walls, listing construction materials, floor plans of all living spaces proposed to be developed (3 Copies required)
The Development Authority may require the following additional information if deemed necessary to assess application:
<input type="checkbox"/> Location of Municipal water, sanitary sewer, storm sewer lines and public utilities (Gas, Power, Telephone and Cable) to be utilized in servicing the property
<input type="checkbox"/> Plan showing Storm Water Management system submitted and reviewed as condition of Development Permit and prior to Building Permit submission.
<input type="checkbox"/> Geotechnical report(s)- slope stability, soils, etc prior to Building Permit submission
<input type="checkbox"/> Environmental Assessment Reports- contaminated soils etc. prior to Building Permit submission
<input type="checkbox"/> PTMAA Approval- Petroleum Tank Management Association of Alberta- Storage tank regulations

Important Notice: This application does not permit you to commence development until such time a development permit has been issued by the Development Authority. If approval has not been received within 40 days of the date the application is deemed refused, you have the right to file an appeal to the Subdivision Appeal Board. Contact the SDAB Secretary at (780) 594-4494 for appeal information.

OFFICE USE ONLY

Date Received: <i>July 31, 2019</i>	Received By: <i>Tashana Brown</i>
Development Permit Fee: <i>\$ 150.00</i>	Receipt #: <i>803239</i>
Development Application #:	Roll #:
Permitted Use:	Discretionary Use DO:
	Discretionary Use MPC: <i>Yes</i>

5513 - 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

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PROPERTY OWNER AUTHORIZATION

Registered Property Owner

I/We DR MARGARET SAVAGE CRISIS CENTRE of
(Name/Company) SOCIETY.

Box 419 COLD LAKE AB T9M 1P1
(Mailing Address)

Phone #: 780 594-0430 Cell #: 780 201 0243

Fax #: _____ Email: DIRECTOR@DM500.CA

being the registered owners of the lands legally described as:

Lot (s) 29

Block 20

Plan 1623910

Cold Lake, AB

Do hereby authorize Nails Enterprises 2007 INC

☐ to release property information to _____

☒ to apply for any permits and/or approvals related to development, subdivision or land use: (Describe Nature of Application)

[Signature]
Signature (Registered Owner)

July 31/19
Date

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