



MUNICIPAL DISTRICT OF BONNYVILLE NO. 87

Bag 1010, Bonnyville AB T9N 2J7
Phone: 780-826-3171 Fax: 780-826-4524

Application No.

DEVELOPMENT PERMIT APPLICATION

OFFICE USE ONLY

I hereby make application under the provisions of the M.D. of Bonnyville No. 87 Land Use Bylaw for a Development Permit in accordance with the plans and supporting information submitted herewith and which form part of this application.

APPLICANT INFORMATION:

Name of Applicant: _____ Contact Name : _____

Daytime Phone #: _____ **Email Address:** _____

Address: _____ Postal Code: _____

Registered owner: _____ Daytime Phone #: _____

Address: _____ Postal Code: _____

LAND INFORMATION:

Plan: _____ Block _____ Lot _____ Roll No. _____

Part (eg NW, SW, NE, SE): _____ ¼ Section: _____ Township: _____ Range: _____ W4M

Rural Address: _____ Is the property currently under subdivision? _____

Existing Development/Buildings: _____

Zoning: _____ Ward: _____ Parcel Size: _____ Subdivision: _____

Proposed Use:

Residential Agricultural Commercial Industrial Recreational

Development Description:

SFD SFD with Garage Detached Garage RTM RTM with Garage Mobile Home Shop

Deck Basement Development Other: _____

Square Footage: _____ Building Height: _____ Setbacks: Front ____ Rear ____ Side1 ____ Side2 ____

Is your project an Accessory Building? Yes No Type of accessory building: _____

NOTE: For all developments other than home businesses, a SITE PLAN SKETCH MUST accompany this permit application, indicating the location of the development in relation to the property.

Estimated project start date: _____ Estimated completion date: _____

Estimated project cost or contract price: _____ Development Fee: \$ _____

The M.D. of Bonnyville will be disclosing to TELUS, ONLY FOR THE PURPOSE OF 911, the property owner names, legal land descriptions and the rural serviceable addresses for the properties that are created or modified as a result of the approval of this application. This release of information and disclosure of release to you, is in accordance with Section 17 of the Freedom of Information and Protection of Privacy Act, which authorizes disclosure based upon compelling circumstances affecting anyone's health or safety. Should you require additional information, please contact the municipality's FOIP coordinator.

I hereby give my consent to allow all authorized persons the right to enter the above land and/or buildings, with respect to this application only. I understand and agree that this application for a development permit and any development permit issued pursuant to this application, or any information related thereto, is not confidential information and may be released by the M.D. of Bonnyville.

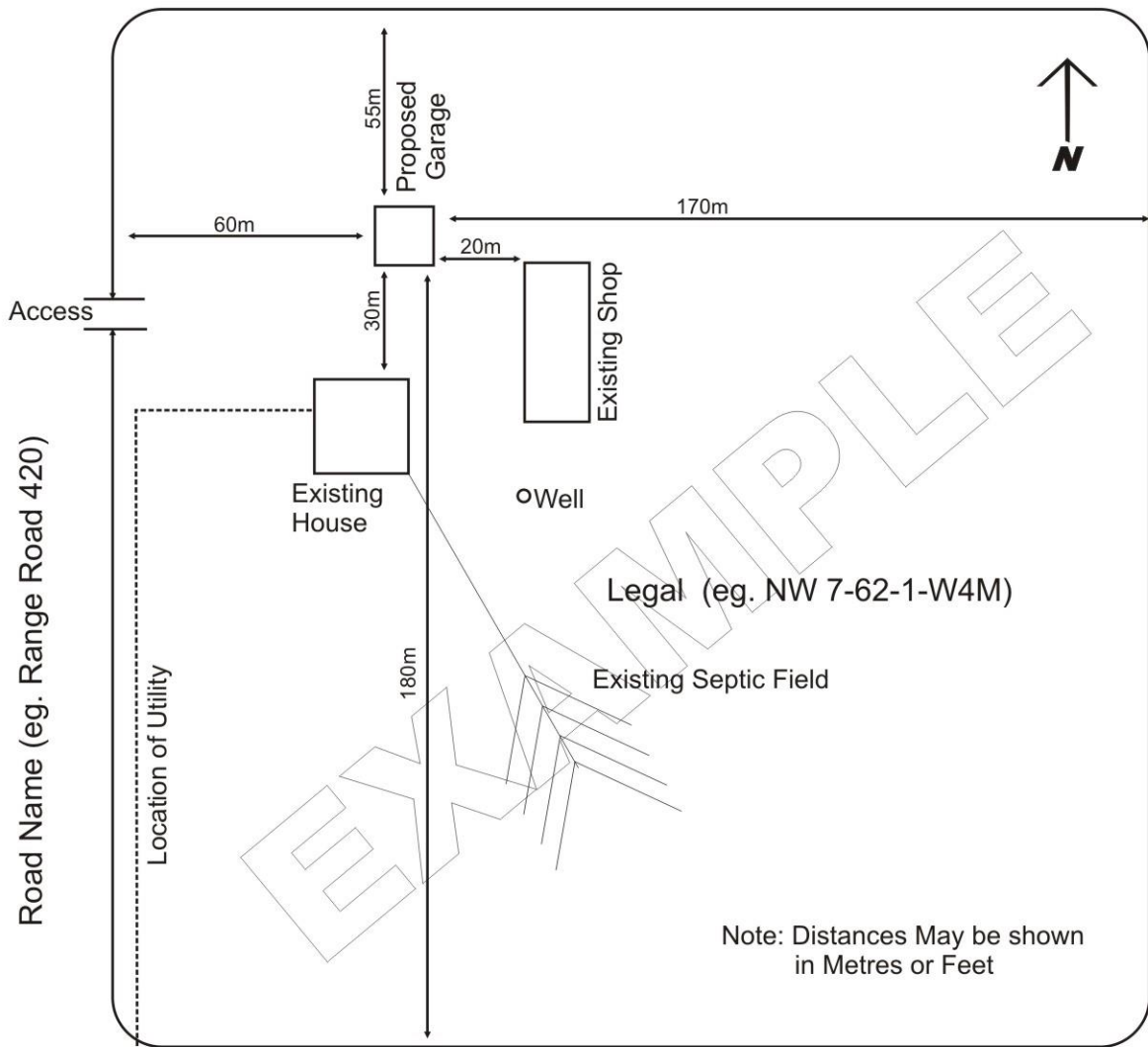
Date

Receipt #:

Date:

Signature of Applicant

Road Name (eg. Township 622)



Note: Distances May be shown in Metres or Feet