

DEVELOPMENT PERMIT GENERAL APPLICATION PLANNING SERVICES

101 RANCHEHOUSE ROAD
COCHRANE, AB T4C 2K8
TEL: 403-851-2570
FAX: 403-932-2935
Email: planning@cochrane.ca
Website: www.cochrane.ca



FOR OFFICIAL USE

DP No. _____

FEE: _____

DATE PAID: _____

RECEIPT NO. _____

1. NAME(S) OF APPLICANT (please print): _____

Mailing Address: _____

_____ Postal Code: _____

Phone 1: _____ Phone 2: _____

Email Address: _____

2. NAME(S) OF REGISTERED OWNER, if not applicant: _____

Mailing Address: _____

_____ Postal Code: _____

Phone 1: _____ Phone 2: _____

Email Address: _____

3. LEGAL DESCRIPTION: Lots(s): _____ Block(s)/Unit(s): _____ Plan: _____

4. MUNICIPAL ADDRESS: _____

5. LAND USE ZONING: _____

6. EXISTING USE OF LANDS AND BUILDINGS: _____

7. PROPOSED USE OF LANDS AND BUILDINGS: _____

8. ELEVATIONS, FLOOR PLANS, PARKING:

Site Area (m²):	Total Floor Area (m²):	Ground Floor Area (m²):	Upper Floor Areas (m²):
Building Height (m):	# of Parking Spaces:	# of Loading Spaces:	

9. BUILDING SETBACKS:

Front (m):	Side (m):	Side (m):	Rear (m):
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10. OTHER INFORMATION: Please provide any other pertinent information below or on separate sheet(s).

11. **APPLICANT(S) DECLARATION:**

I / We (please print), _____
hereby certify that I am/we are the registered owner(s) or authorized to act on behalf of the registered owner(s) of the land that is the subject of this application. The information on this form and on the attached plans and supporting materials is full and complete and is, to the best of my/our knowledge, a true statement of the facts relating to this application. If I/we are making this declaration on behalf of a corporation, I/we have full authority to bind that corporation.

Date Signed: _____ Signature: _____

Date Signed: _____ Signature: _____

12. **RIGHT OF ENTRY:**

I / We (please print), _____
being the registered owner(s) or person(s) authorized to act on behalf of the registered owner(s) of the land that is the subject of this application, hereby consent to an authorized person designated by the Town of Cochrane entering upon the said property for the purpose of inspection during the processing of this application. If any other person is in possession of the subject land, I/we consent to such access by the Town on behalf of that occupant and have full authority to grant this consent on the occupant's behalf.

Date Signed: _____ Signature: _____

Date Signed: _____ Signature: _____

13. **CONSENT TO ELECTRONIC PROCESS:**

I/We, the landowner or agency acting on the landowner's behalf, consent to the use of the Town's electronic process, which includes electronic documents, stamps and signatures. Yes No

Compliance with the requirements of *Land Use Bylaw 01/2004* does not afford relief from compliance with the *Municipal Government Act*, R.S.A. 2000, CHAP M-26, or any other federal, provincial, or municipal legislation, or the conditions of any easement, covenant, building scheme, or agreement affecting the lands or buildings.

FOIP Notification: The personal information requested on this form is collected under the authority of the Municipal Government Act, Section 640, and the Alberta Freedom of Information and Protection of Privacy (FOIP) Act, Section 33(c) and is protected under Part 2 of that Act. Information collected by public bodies forms part of a file that may be available to the public. Please be advised that the information collected is used for processing this application, ensuring compliance with planning policies and may be used to conduct ongoing evaluations of services received by the Town of Cochrane. Questions about this collection can be submitted to: FOIP Coordinator, 2nd Floor, 101 Ranchehouse Road, T4C 2K8, 403-932-2674 or FOIP@cochrane.ca.

Questions?
Please do not hesitate to contact planning staff at 403-851-2570 or planning@cochrane.ca

TOWN OF COCHRANE

101 RancheHouse Rd.
Cochrane, AB T4C 2K8
P: 403-851-2500 F: 403-932-6032
www.cochrane.ca



Landowner Authorization Form Development & Community Services Division

I/We, _____, being:

- The owner(s) of the property identified herein; or
- An officer or director of the owner(s) of the property identified herein

do hereby authorize _____ (the applicant) to apply for all applicable/required permits for the following land:

Municipal address: _____

Legal address: Lot(s)_____, Block _____, Plan _____

I/We further agree to immediately notify the Town of Cochrane in writing of any changes to the above information.

Signature #1

Signature #2

Print name

Print name

Date

Date