



# DEVELOPMENT PERMIT APPLICATION FOR GENERAL DEVELOPMENT AND ACCESSORY SUITES

**TOWN OF COCHRANE PLANNING SERVICES**  
 101 RANCHEHOUSE ROAD, COCHRANE, AB T4C 2K8  
 TEL: 403-851-2570 Email: [planning@cochrane.ca](mailto:planning@cochrane.ca)

**FOR OFFICE USE:**

DP No. \_\_\_\_\_

Fee: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Receipt No. \_\_\_\_\_

1. Applicant Information	2. Owner Information (if not applicant)
Applicant Name(s):	Owner Name(s):
Mailing Address:	Mailing Address:
Postal Code:	Postal Code:
Phone:	Phone:
Email:	Email:
3. Owner Authorization:	
<p>If the registered owner(s) of the subject property elects to have someone act on their behalf in submission of this application this section must be completed:</p> <p>As owner(s) of the land described in this application, I/we hereby authorize _____ to act as applicant in regard to this land development application.</p>	
Signature of Owner:	Date:
Signature of Owner:	Date:

4. Development Proposal:				
Municipal Address:				
Legal Description	Lot:	Block:	Plan:	
Land Use Zoning:				
Existing Use(s) on Site:				
Proposed Use of Site:				

5. Elevations, Floor Plans, Parking:				
Total Floor Area (m <sup>2</sup> ):	Basement Floor Area (m <sup>2</sup> ):	Ground Floor Area (m <sup>2</sup> ):	Upper Floor Area (m <sup>2</sup> ):	Building Height (m):
For Accessory Suites Only:				
Suite Area (m <sup>2</sup> ):			Number of Parking Stalls:	

**6. Building Setbacks:**

<b>Front (m):</b>	<b>Side (m):</b>	<b>Side (m):</b>	<b>Rear (m):</b>
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**7. Other Information:**

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**8. 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.

Signature of Owner:	Date:
Signature of Owner:	Date:

**9. 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
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Compliance with the requirements of Land Use Bylaw 01/2022 does not afford relief from compliance with the Municipal Government Act 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 [planning@cochrane.ca](mailto:planning@cochrane.ca) or 403-851-2570