



# 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 the applicant)
Applicant Name(s):	Owner Name(s):
Mailing Address:	Mailing Address:
City/Prov/Postal Code:	City/Prov/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 the submission of this application this section must be completed:            As owner(s) of the land described in this application, I/we hereby authorize _____ to act as the applicant regarding this land development application. I acknowledge that this means all communication will be directed through the applicant.</p>	
Name (print):	Date:
Signature of Owner:	
Name (print):	Date:
Signature of Owner:	

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):

**Accessory Suites Only:**

<b>Suite Area (m<sup>2</sup>):</b>	<b>Number of Parking Stalls:</b>
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<b>6. Building Setbacks:</b>			
<b>Front (m):</b>	<b>Side (m):</b>	<b>Side (m):</b>	<b>Rear (m):</b>

<b>7. Other Information:</b>
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<b>8. Right of Entry:</b>	
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.	
Name (print): Signature of Owner:	Date:
Name (print): Signature of Owner:	Date:

<b>9. Consent to Electronic Process:</b>	
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

<b>10. Consent to Release Drawings:</b>	
I/We, the landowner or agency acting on the landowner's behalf, consent to the release of the proposed drawings, excluding the floor plans, to interested members of the public during the application process. Drawings will be released electronically.	Yes      No
Please note if consent is not given, the public can only view the drawings, during the period between the notice of decision and the appeal stage, at the Town office. Alternatively, they can submit a FOIP request, which results in the Town notifying owners of the request.	

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