

Planning & Development
5600 - 49 Street
Beaumont, AB T4X 1A1
780-929-8782
development@beaumont.ab.ca

DATE RECEIVED
OFFICE USE ONLY

DATE PAID
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Note: You may apply for a Building Permit and/or a Development Permit with this one combo application. Electrical, Plumbing, and Gas Permits each have their own application forms.

Property Information		
Street Address: _____		
Plan: _____	Block: _____	Lot: _____

Applicant and Property Owner Information	
Applicant/Contractor Name: _____	
Mailing Address: _____	
Town: _____	Postal Code: _____
Phone: _____	Cell Phone: _____
Email (required): _____	
Is the Applicant also the Registered Owner? <input type="checkbox"/> Yes (Do not fill out below) <input type="checkbox"/> No <small>(Fill out below - written authorization from registered owner required)</small>	
Owner Name: _____	
Mailing Address: _____	
Town: _____	Postal Code: _____
Phone: _____	Cell Phone: _____
Email (required): _____	

Proposed Development	
Construction Value: <i>(Approximate cost of material & labour)</i>	\$ _____
I am applying for a: <input type="checkbox"/> Development Permit AND/OR <input type="checkbox"/> Building Permit	
Check one of the following:	
<input type="checkbox"/> Uncovered Deck ^{SQ FT:} _____	<input type="checkbox"/> Hot Tub ^{SQ FT:} _____
<input type="checkbox"/> Covered Deck ^{SQ FT:} _____	<input type="checkbox"/> Corner Lot Fence**
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Fire Pit**
<input type="checkbox"/> Additional Dwelling Unit ^{SQ FT:} _____	<input type="checkbox"/> Accessory Building (Other than Garage) ^{SQ FT:} _____
<input type="checkbox"/> Home Based Business*** <input type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Accessory Building (Detached Garage) ^{SQ FT:} _____
	<input type="checkbox"/> Basement Development ^{SQ FT:} _____
	Number of Bedrooms in Dwelling: _____
	Business Name: _____
Has work on the above indicated item already commenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	

* No Development Permit required

** No Building Permit required

***Business License also required, Building Permit may be required

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Permit Number: _____	
Mail <input type="checkbox"/> Pick-up <input type="checkbox"/>	
<input type="checkbox"/> Authorization or ID Received	
Land Use District: _____	
Tax Roll: _____	
<input type="checkbox"/> Permitted Use	
<input type="checkbox"/> Permitted Use w/ Variance	
<input type="checkbox"/> Discretionary Use	
Fees	Receipt #:
Development Permit: _____	_____
Building Permit: _____	_____
Safety Code Council: _____	_____
Electrical Permit: _____	_____
SCC Electrical: _____	_____
Plumbing Permit: _____	_____
SCC Plumbing: _____	_____
Gas Permit: _____	_____
SCC Gas: _____	_____
Business License: _____	_____
Variance: _____	_____
Notification Fee: _____	_____
GST: _____	_____
Other: _____	_____
Total Fees: _____	

Applicant Authorization	
1. I am the owner/agent with the consent and authority of the owner that is the subject matter of this permit application.	
2. I hereby give my consent to allow any authorized person pursuant to the Municipal Government Act Section 542 the right to enter the land and/or building(s) with respect to this application only.	
3. I understand this is only an application and does not constitute approval to commence construction.	
4. I declare that the information contained in this application is correct and true to the best of my knowledge.	
5. I declare that I will notify the Development Authority of any proposed changes to the plans submitted with this application.	
6. I consent to receiving notifications & correspondence regarding this application via email to the address provided on this application. I agree	
7. By checking the "I agree" box above, you agree and authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature.	
Electronic Signature: _____	Date: _____

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Development Permit	
Date Deemed Complete: _____	Date of Decision: _____ <small>(See attached Notice of Decision)</small>
Building Permit	
See Attached Report	
Safety Codes Officer: _____	Designation No. _____ Date: _____