A development permit is required for many commercial permits, to change the use of the commercial space and to ensure the use is permitted in the specific land use district, as per the City of Beaumont's Land Use Bylaw 944-19, *Our Zoning Blueprint*

Development Permit Requirements

All forms and supporting documents (listed below) must be submitted at time of application.

Commercial Development Permit Application Form (Attached)

Consent Form (Attached) (to be Signed by Owner of Commercial Building)

Provide a Floor Plan Indicating
Proposed and existing rooms
Indicate the room use
Dimensions and Floor Area

Provide a Site Plan Indicating
Location of proposed business
On-site parking stalls

Fees (See Fee Schedule)

You will be contacted for payment once Application has been reviewed (cheques payable to City of Beaumont)

Please note: Signage Permit must be submitted separately, please refer to the Signage regulations at: <u>https://www.beaumont.ab.ca/255/Commercial-Permits</u>

If you have further questions regarding commercial development permits, please contact us at: <u>development@beaumont.ab.ca</u> | 780-929-8782

Â	<u></u>			•1 A 4			
City of Beaumont - Development Permit Application BEAUMONT For Commercial/Industrial/Multi-Family							
Planning & Development 5600 - 49 Street Beaumont, AB T4X 1A1 780-929-8782 development@beaumont.ab.ca	DATE	RECEIVED USE ONLY	DATE PAID OFFICE USE ONLY	each have	lectrical, Plumbing, and Gas Permits their own application forms and are iitted to our contracted service		
Property Information				OFFIC	E USE ONLY		
Street Address:				Permit	Number:		
Plan:		Block:	Lot:	Building	9 Permit Number:		
Applicant and Property Owner Information					Mail 🗌 Pick-up 🗌		
Applicant/Contractor Name:					orization or ID Received		
Mailing Address:					se District:		
Town: Postal Code:				Subdivi	sion:		
Phone:	Cell Phone:				l:		
Email (required)					nitted Use		
Is the Applicant also the Registered Owner? Yes (Do not fill out below) (Fill out below - written authorization from registered owner required)					nitted Use w/ Variance		
Registered Owner? Yes (Do not fill out below) No (Im Out below - white Haddoll 2akon with the Haddoll 2akon					retionary Use		
Mailing Address:							
Town:			ode:	Fees	Receipt #:		
	one: Cell Phone:				velopment Permit: 		
Email (required):					Variance:		
Proposed Development Square Footage (m ²):					Notification Fee:		
Check one of the following:	I				Other:		
					Total Fees:		
□ Industrial □ Institutional							
🗆 Multi-Family							
□ Other Non-Residential Use: _							
Has work on the above indicated i	item already commenced	? 🗆 Yes 🗆 No)				
Description of Work and Land Usage:							
L]			

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 acknowledge that notification fees associated for a discretionary use or variance application will be billed to me separately at cost. I will be notified of required payment of these fees via email that I have provided on this form. I am aware that not paying these fees promptly will cause delays in the review of my application. lagree 🗆
- 5. I declare that the information contained in this application is correct and true to the best of my knowledge.

6. I declare that I will notify the Development Authority of any proposed changes to the plans submitted with this application.

 $7.\ I \ consent to \ receiving \ notifications \ \& \ correspondence \ regarding \ this \ application.$

Applicant Signature:	Date:
OFFICE USE ONLY	
Development Permit	
Date Deemed Complete:	Date of Decision: (See attached Notice of Decision)

The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used for the purpose of permit review and inspection processes and may be communicated to relevant City Business Units, utility providers, and Alberta Health Services. It may also be used to conduct ongoing evaluations of services received from City Business Units. The name of the applicant and the nature of the permit will be available to the public. If you have any questions about the collection or use of your personal information, contact the City of Beaumont's FOIP Coordinator at 5600-49th Street, Beaumont, Alberta, T4X 1A1 or 780.929.8782..

BEAUMONT

5600 - 49 Street Beaumont, Alberta T4X 1A1 Phone: (780) 929-8782 Fax: (780) 929-3300 Email: development@beaumont.ab.ca

DEVELOPMENT / BUILDING PERMIT AUTHORIZATION FORM

OWNER INFORMATION

I (We),	
(name(s) of Registered Land Owned	er(s)
being the registered land owners of:	
Municipal Address:	Postal code
Legal Description:	
Owner Phone number:	
Owner Email:	
Do hereby authorize: APPLICANT INFORMATION	
Company:	
Contact Name:	
Address:	Postal code
Phone:	
Email:	
to make application for the necessary building / c following project:	
For Commercial Only:	
Owner is responsible for all costs associated	l with water metering changes, including all
piping, and removal and/or replacement of	water meter(s). Changes are required to water
meter (please circle) Yes No	
If yes, please contact Public Works at 780-92	.9-4300.
ALL REPORTS WILL BE PROVI	DED TO OWNER AND APPLICANT

(Print name of Registered Land Owner)

(Print name of Registered Land Owner)

(Signature of Registered Land Owner)

(Signature of Registered Land Owner)

Date

Date

The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used for the purpose of permit review and inspection processes and may be communicated to relevant City Business Units, utility providers, and Alberta Health Services. It may also be used to conduct ongoing evaluations of services received from City Business Units. The name of the applicant and the nature of the permit will be available to the public. If you have any questions about the collection or use of your personal information, contact the City of Beaumont's FOIP Coordinator at 5600-49th Street, Beaumont, Alberta, T4X 1A1 or 780.929.8782.