

**FORM A TOWN OF GRENFELL DEVELOPMENT PERMIT APPLICATION**

**ACCESSORY USE DEVELOPMENT** **FEE:** \_\_\_\_\_  
 Current Zoning: \_\_\_\_\_ Dimensions: \_\_\_\_\_  
 Description of Development: \_\_\_\_\_  
**Documents Required:**  Site Plan Value \_\_\_\_\_

**DEMOLITION OR RELOCATION OF EXISTING BUILDING OR STRUCTURE** **FEE:** \_\_\_\_\_

Description of Building(s): \_\_\_\_\_  
 Dimensions of Building(s): \_\_\_\_\_  
 Existing Uses: \_\_\_\_\_ Proposed Uses: \_\_\_\_\_  
 Date of Move: \_\_\_\_\_  
**Location of Relocation**  
 Zoning District: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

**MINOR VARIANCE REQUEST** **FEE:** \_\_\_\_\_

Variance Percentage (Note: Cannot exceed 10%): \_\_\_\_\_  
 Proposed Setback—Front Yard: \_\_\_\_\_ Rear Yard: \_\_\_\_\_ Side Yard: \_\_\_\_\_  
 Height: \_\_\_\_\_ Other: \_\_\_\_\_

**FILL MORE THAN 1 METRE** **FEE:** \_\_\_\_\_

Amount of Fill to be added: \_\_\_\_\_ Minimum Elevation of site prior to Fill: \_\_\_\_\_  
 Engineer: \_\_\_\_\_  
**Documents Required:**  Elevation Plan  Drainage Plan

**PERMITTED USE DEVELOPMENT** **FEE:** \_\_\_\_\_  
 **CHANGE OF USE DEVELOPMENT** **FEE:** \_\_\_\_\_  
 **DISCRETIONARY USE DEVELOPMENT** **FEE:** \_\_\_\_\_  
 **TEMPORARY USE DEVELOPMENT** **FEE:** \_\_\_\_\_

Zoning District: \_\_\_\_\_ Project Value: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_ Existing Use: \_\_\_\_\_  
 Commencement Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Development Dimensions: \_\_\_\_\_  
 Development Type:  New Development  New Use in an Existing Development  
 Description of Development: \_\_\_\_\_

**ALL APPLICANTS**  
 Existing Use of Land or Building \_\_\_\_\_  
 Total Floor Area of Principal Building in Proposed Operation: \_\_\_\_\_  
 Floor Area of Principal Building to be Used in Operation: \_\_\_\_\_  
 Name of Operation: \_\_\_\_\_  
 Signage or Exterior Advertising: \_\_\_\_\_  
 Number of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
 Number of Employees Employed on Premises: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Hours Of Operation

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Documents Required:**  Building Permit  Site Plan  Elevation Plan  Drainage Plan (if required)  
 Off Street Parking Plan (If Required)

**STRUCTURAL ALTERATION (Addition, Alteration)** **FEE:** \_\_\_\_\_

Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_  
 Date of Commencement: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
 Description of Adaption: \_\_\_\_\_  
**Documents Required:** Site Plan Elevation Plan Drainage Plan (if required)  
 Value \_\_\_\_\_

\* Attach any requested drawings or letters, with Application Number indicated, to the back of this form  
 \* Site Plans must indicate all distances from the proposed development to Property Lines as well as other buildings on the property

## PROJECT INFORMATION (additional information required below)

- |  |  |
|--|--|
| <input type="checkbox"/> Accessory Use Development (New Garage, Shed, 1            | <input type="checkbox"/> Fill of more than 1 metre (Starting site preparation 1st)       |
| <input type="checkbox"/> Minor Variance Request (Building closer to property line) | <input type="checkbox"/> Permitted/Discretionary/Temporary Use Development/Change of Use |
| <input type="checkbox"/> Demolition/Relocation of Existing building/Structure      | <input type="checkbox"/> Structural Alteration (Addition, Alteration)                    |

OFFICE USE ONLY

Application Number: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Zoning Designation: \_\_\_\_\_ Assessment Number: \_\_\_\_\_  
 Roll #: \_\_\_\_\_

Meets all provisions of the Official Community Plan and Zoning Bylaw:  
 Application requires an Official Community Plan amendment (Fee: \$2500.00)?  Yes  No  
 Application requires a Zoning Bylaw amendment (Fee: \$600.00 + advertising)?  Yes  No  
 Payment of Application fees received?  Yes  No

Receipt Number: \_\_\_\_\_  
 Use is:  Permitted  Discretionary  Permanent  Temporary  Not Allowed Value \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

**APPLICANT INFORMATION** (Same as Property Owner)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**CONSENT OF APPLICANT**

I agree that the Municipality may provide the information contained in and with this application to outside agencies to assist the review of the proposed development, and that where required the information may be made available for public review and comment.

I agree that the Municipality may enter the property to inspect the site before, during and after the development proposed for the purpose of administration of the Zoning Bylaw and any permit issued. I agree that the Municipality may file such notices and covenants on the titles of the property subject to this application to protect the interests of the Municipality.

I, \_\_\_\_\_ solemnly declare that the above statements contained within this application are true, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of the Canada Evidence Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT OF PROPERTY OWNER**

I, the registered owner of the lands described in this application, consent to the filing of this application by the Person(s) or company whose name appears as the applicant above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- BED AND BREAKFAST OPERATION FEE
- HOME BASED BUSINESS FEE
- FOOD VENDOR FEE

**Bed and Breakfast Operation**

Does the Site Plan Include a Building Floor Plan?  Yes  No  
 Does the Site Plan Include Off-Street Parking?  Yes  No

Indicate Any Special Equipment Used in the Operation: \_\_\_\_\_

Documents Required:  Public Health Inspection  Off Street Parking Plan  Business License Application Form

**Home Based Business**

Does the Operation include retail sales of goods and services?  Yes  No  
 Will goods and services be stored on the premises?  Yes  No

Number and Type of Vehicle to be Used: \_\_\_\_\_

Business Will be Conducted Out of:  Principal Building  Accessory Building

Indicate any Special Equipment Used in the Operation: \_\_\_\_\_

Documents Required:  Business License Application Form

**Food Vendor**

Commencement Date (maximum of 4 months): \_\_\_\_\_

Number and Type of Vehicle(s) Used: \_\_\_\_\_

Documents Required:  Food Handlers Certificate  Public Health Inspection  Photograph of Vehicle  
 List of Products Sold  Off Street Parking Plan  Business License Application Form

**ALL APPLICANTS**

Existing Use of Land or Building: \_\_\_\_\_

Total Floor Area of Principal Building in Proposed Operation: \_\_\_\_\_

Floor Area of Principal Building to be Used in Operation: \_\_\_\_\_

Name of Operation: \_\_\_\_\_

Signage or Exterior Advertising: \_\_\_\_\_

Number of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Number of Employees Employed on Premises: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

The Undersigned hereby makes application for the operation as described in this application. I have read the definition of said operation and have read the provisions set out for the operation in the Zoning Bylaw. I am aware that any permit approved and issued is subject to revocation at any time for default of any condition.

Hours Of Operation

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

FENCES

FEE:

- Alteration of Existing Fence
- New Construction

Current Zoning: \_\_\_\_\_ Current Height: \_\_\_\_\_

Materials: \_\_\_\_\_

Proposed Setback—Front Yard: \_\_\_\_\_ Rear Yard: \_\_\_\_\_ Side Yard: \_\_\_\_\_

Proposed Height: \_\_\_\_\_ Date of Commencement: \_\_\_\_\_

Documents Required: Site Plan Value: \_\_\_\_\_

- SIGN—A Board, Awning, Construction, Wall FEE:
- SIGN—Billboard, Roof, Free Standing, Projecting FEE:
- SIGN CORRIDOR—Billboard only FEE:

Type of Sign(s)  A-Board  Awning  Construction  Wall  
 Free-Standing  Projecting  Roof  Billboard

Number of Sign(s): \_\_\_\_\_ Dimensions of Sign(s): \_\_\_\_\_

Duration: \_\_\_\_\_

Purpose of Sign: \_\_\_\_\_

**\* ATTACH ANY REQUESTED DRAWINGS OR LETTERS WITH APPLICATION NUMBER INDICATED TO THE BACK OF THIS FORM**

**PROJECT INFORMATION** (additional information required below) Bed and Breakfast Operation Fences Food Vendor Home-based Business Signs

Application Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Zoning Designation: \_\_\_\_\_

Roll Number: \_\_\_\_\_

Assessment Number: \_\_\_\_\_

OFFICE USE ONLY

Meets all provisions of the Official Community Plan and Zoning Bylaw:

 Yes  No

Application requires an Official Community Plan amendment (Fee \$600.00 + advertising)?

 Yes  No

Application requires a Zoning bylaw amendment (Fee: \$600.00 + advertising)?

 Yes  No

Payment of Application fees received?

 Yes  No

Receipt Number: \_\_\_\_\_

Use is:  Permitted  Discretionary  Permanent  Temporary  Not Allowed Value \_\_\_\_\_**PROPERTY OWNER INFORMATION**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Address: \_\_\_\_\_

**APPLICANT INFORMATION**  (Same as Property Owner)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Address: \_\_\_\_\_

**DEVELOPMENT SITE INFORMATION**

Lot: \_\_\_\_\_ Block/Parcel: \_\_\_\_\_ Plan: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Description of Existing Buildings: \_\_\_\_\_

Name of Registered Owner: \_\_\_\_\_

**CONSENT OF APPLICANT**

I agree that the Municipality may provide the information contained in and with this application to external agencies to assist the review of the proposed development, and that where required the information may be made available for public review and comment.

I agree that the Municipality may enter the property to inspect the site before, during and after the development proposed for the purposes of administration of the Zoning Bylaw and any permit issued. I agree that the Municipality may file such notices and covenants on the titles of the property subject to this application to protect the interests of the Municipality.

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Signature: \_\_\_\_\_

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

**CONSENT OF PROPERTY OWNER**

I, the registered owner of the lands described in this application, consent to the filing of this application by the person(s) or company whose name appears as the applicant above.

Signature: \_\_\_\_\_

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