Town of Bon Accord
Box 779, 5025 – 50th Avenue
Bon Accord, Alberta T0A 0K0
Phone: (780) 921-3550 Fax: (780) 921-3585

DEVELOPMENT PERMIT APPLICATION

Applicant Section (to be completed by permit applicant):
(Please Print Clearly) Development Permit Number:_____

Owner Name:_____ Address:_____

Phone: _____ Fax: _____ City:_____ Prov:_____ Postal Code:_____

Contractor:_____ Address:_____

Phone: _____ Fax: _____ City:_____ Prov:_____ Postal Code:_____

Applicant Name:_____ Address:_____

Phone: _____ Fax: _____ City:_____ Prov:_____ Postal Code:_____

Permit Applicant's or Owner's signature: _____

Architect and/or Engineer (if applicable):_____

Project Location: Tax Roll #: _____

Municipality:_____ Street Address:_____

Lot/Block/Plan: Lot _____ Block _____ Plan _____

Legal Subdivision: Part Of_____ Section_____ Township_____ Range_____ West of_____ Subdivision Name: _____

Project Information: Estimated Completion Date_____

Type of Work: ☐ Home Occupation ☐ Property Improvements ☐ Signage ☐ Temporary Changes ☐ Other_____

Parcel Size: _____ Description of Work:

Number of Units: _____

Zoning of Land: _____

Value of work (materials & labour):_____

Note: This application, if approved does not constitute a Building Permit.

Effective Period: A development permit shall lapse after one (1) year from the date of issuance unless the development authorized has been commenced and significant development continues on the site.

For Office Use Only

Permit Validation Section (to be completed by the Development Officer):

Documents Received Date: _____ Building Classification: _____

Special conditions:

_____ _____
Issuing Offficer Name (print or type) Issuing Officer's Signature

Date of Issue: _____

Permit Fee: _____ Payment Method: ☐ Cash ☐ Cheque