



P.O. Box 520
6 North 1 Street West
Magrath, Alberta T0K 1J0

Phone: 403-758-3212
Email: info@magrath.ca
Website: www.magrath.ca

ACCESSORY DEVELOPMENT PERMIT APPLICATION

Date of Application: _____

For Office Use	
<i>Development Permit Application #:</i>	
<i>Date Application Deemed Complete:</i>	
<i>Development Application Fee:</i>	
<i>Date Fee Paid:</i>	

Estimated Start Date: _____

**Estimated Value
of Construction:** _____

IMPORTANT NOTICE: This application does not permit you to commence construction until such time as a permit has been issued by the Development Authority. If approval has not been received within 40 days from the date the application is deemed complete, you have the right to file an appeal to the Subdivision and Development Appeal Board.

**THIS DOES NOT CONSTITUTE A BUILDING PERMIT.
A SEPARATE BUILDING PERMIT MUST BE OBTAINED BEFORE CONSTRUCTION BEGINS.**

APPLICANT INFORMATION

Applicant's Name: _____ **Phone:** _____

Mailing Address: _____

City/Town _____ **Postal Code:** _____

Email: _____ Check this box if you would like to receive documents through email.

Is the applicant the owner of the property? Yes No If "NO" please complete the information below



Owner's Name: _____

Applicant's Interest in the property:

Mailing Address: _____

Agent

Owner Signature: _____

Contractor

Tenant

Other _____

CONTRACTOR INFORMATION

Contracting Company: _____ **Contact Name:** _____

Mailing Address: _____

City/Town _____ **Postal Code:** _____

Email: _____ **Phone:** _____



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PROPERTY INFORMATION

Municipal Address: _____

Legal Description: Lot(s) _____ Block _____ Plan _____

Lot Size: Width _____ m ft Length _____ m ft Area _____ m² ft²

Land Use District: _____ **Existing Use:** _____

Describe the Proposed Development: _____

DEVELOPMENT INFORMATION

The purpose of this application is to: (check all that apply)

Construct a new Accessory Structure (i.e. shed, detached garage, greenhouse)

Solar Collectors
 Secondary Suite
 Other _____

Alter/Renovate the existing development

The renovation is: Interior Renovation (change of use)
 Addition
 Deck
 Other: _____

Other _____

BUILDING REQUIREMENTS

	Principal Building	Accessory Building / Addition / Deck	Renovation/Basement Development	Office Use
Square Footage	m ² ft ²	m ² ft ²	m ² ft ²	
Height	m ft	m ft		
Proposed Setbacks from Property Lines				
Front	m ft	m ft		
Secondary Front	m ft	m ft		
Rear	m ft	m ft		
Side – Left	m ft	m ft		
Side – Right	m ft	m ft		
Parcel Type:	<input type="checkbox"/> Interior Lot	<input type="checkbox"/> Corner Lot		



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Total Square Meter/Feet of Principal Structure: _____

Total Square Meter/Feet of Accessory Structures: _____ (all accessory structures combined)

Total % of lot occupied by Principal Structure: _____ %
(Principal Structure Area / Lot Area)

Total % of lot occupied by Accessory Structures (combined): _____ %
(Combined Accessory Area / Lot Area)

Exterior Finish, Fencing & Landscaping

- Not applicable to this development.
- Applicable – Describe generally the types, colours, and materials, as applicable, of:
 - Exterior Finishes of the proposed building(s): _____
 - Proposed fencing and height: _____
 - Proposed landscaping: _____

Moved-in dwelling: Describe any proposed improvements to the exterior of the dwelling _____

Waivers

Is a waiver (variance) to one or more standards in the Land Use Bylaw being requested? Yes No

If yes, please specify: _____

I hereby certify that the information contained in this application, including any further information contained in attached materials, is full and complete and is, to the best of my knowledge, a true statement of the facts in relation to the application for a Development Permit. I further certify that the owner of the land described above is aware of this application and that I will not commence this development until a valid development permit is issued.

Signature of Applicant: _____

Date: _____

Signature of Registered Owner: _____
(if different than the applicant)

Date: _____