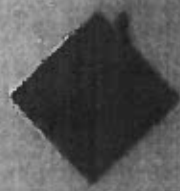


# Development Permit Application

## Application for Development Permit



**LLOYDMINSTER**

Application Submission Date: July 8, 2019

<b>PROJECT</b>	Is the project already constructed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>OFFICE USE ONLY</b>	
	Municipal Address: <u>4008 38st</u>	Application #: <u>19-877</u>		
<b>APPLICANT INFORMATION</b>	Tax Roll #: <u>12020645000</u>	Zoning District: <u>Larson O-10</u>	Permit #: _____	Permit Fee: <u>\$ 350.00</u> Debit
	Legal Description: Lot <u>21</u> Block <u>A</u> Plan <u>20180008</u>	Plan: _____	Receipt #: <u>589521</u>	Approved by: _____
	Applicant Name: _____	City: <u>Lloydminster</u>	Refused by: _____	Valid Date: _____
	Address: <u>4008 38st</u>	Postal Code: <u>S0V0S5</u>	Expiry Date: _____	
	Province: <u>SK</u>	Alt Phone #: _____		
	Phone: _____			
Are you also the property owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If family owned, a different form (Family Authorization Form) is required.				
Owner Authorization Form Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
<b>DEVELOPMENT INFORMATION</b>	Development Class: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional <input type="checkbox"/> Multi-family - # of Units: _____			
	Proposed Decks/Platforms (Select all that Apply): <input checked="" type="checkbox"/> Permitted Use <input type="checkbox"/> Discretionary Use <input type="checkbox"/> Variance Application			
	<input type="checkbox"/> Rear Construction	<input type="checkbox"/> Front Deck		
	<input type="checkbox"/> Renovation	<input type="checkbox"/> Rear Deck		
	<input type="checkbox"/> Addition	Other: <u>Main Floor (2nd room and Living room)</u>		
	<input type="checkbox"/> Foundation	<input type="checkbox"/> Inside Suite <input type="checkbox"/> Secondary to Home <input type="checkbox"/> Garage Suite <input type="checkbox"/> Garden Suite		
<input type="checkbox"/> Superstructure	<input checked="" type="checkbox"/> Business License Use Approval for type of business: <u>Building Maintenance</u>			
<input type="checkbox"/> New Dwelling	<input checked="" type="checkbox"/> Home Based Business: <input type="checkbox"/> Minor <input type="checkbox"/> Major			
<input type="checkbox"/> Accessory Building	Description of Home Based Business: <u>No Teen/Bar &amp; Party Room</u>			
<input type="checkbox"/> Attached Garage				
<input type="checkbox"/> Detached Garage				
<b>DECLARATION</b>	I hereby declare <input checked="" type="checkbox"/> I am <input type="checkbox"/> I represent the owner of the property on which the work described in this application will be conducted in accordance to the plans submitted, and upon approval will adhere to the conditions/terms of Land Use Bylaw 6-2016. We warrant that the Development Authority of any proposed changes to the plans submitted with this application.			
	Note: By typing your name into the signature box below (or by signing a printed version of this application), you agree that all information submitted on this form is true and accurate.			
<b>DECISION OFFICE USE ONLY</b>	Signature of Registered Owner: _____		Date: <u>July 8, 2019</u>	
	Development Officer: _____		Issued Date: _____	

Collection and Use of Personal Information: The personal information being collected on this form is for the purpose of processing and acting upon this application in accordance with the Municipal Government Act, and is governed by the privacy provisions of the Freedom of Information and Protection of Privacy Act (FOIP). The City will not share your personal information for any other purpose of service unless you provide your consent in writing, unless there is a specific exemption noted in the Municipal Government Act.

Notice: A development permit has been issued by the Development Authority. The permit holder must comply with the conditions of the permit. The permit holder must also comply with the provisions of the Municipal Government Act. The permit holder is responsible for obtaining all necessary approvals from the relevant authorities. The permit holder must also comply with the provisions of the Municipal Government Act. The permit holder must also comply with the provisions of the Municipal Government Act.

# OWNER AUTHORIZATION

LLOYDMINSTER

Date: July 5<sup>th</sup> 2019

Registered Owner [REDACTED]	Company Name (if Applicable) <u>ITOCLEAGY BEAUTY AND WELLNESS</u>	
Mailing Address (including postal code) <u>4408-38<sup>th</sup> ST LLOYDMINSTER SK S4V 0B5</u>		
Home Phone # [REDACTED]	Cell Phone # [REDACTED]	Email Address [REDACTED]

**\*REQUIRED IN THE ABSENCE OF THE OWNER'S SIGNATURE ON THE APPLICATION FORM  
MUNICIPAL GOVERNMENT ACT, RSA 2060, CHAPTER M-26**

[REDACTED]  
Registered Owner Name: \_\_\_\_\_ City/Town (if Applicable): \_\_\_\_\_

**BEING THE REGISTERED OWNER OF:**

Legal Description: Lot(s) 21 Block 4 Plan 63 8596 Other \_\_\_\_\_

Municipal Address (if Applicable) 4408-38<sup>th</sup> LLOYDMINSTER SK Tax Roll: 1202545000

Do hereby authorize [REDACTED] to make an application for the above noted property.

**Please Check the Appropriate Box(es):**

- Rezoning
- Subdivision
- New or Amended Area Structure Plan or Area Re-Development Plan
- Development Permit
- Property File Information (may be limited or require a FOIP request as per Freedom of Information and Privacy Act)
- Other \_\_\_\_\_

**Period of Authorization:**

Effective Date: (mm/dd/yyyy): July 5<sup>th</sup> 2019

Expiry Date: (mm/dd/yyyy): continues

July 5<sup>th</sup> 2019  
Date

# Home Office/Occupation Questionnaire Application for Development Permit

LLOYDMINSTER

Date: July 5<sup>th</sup> 2019

Office Use Only  
DP # 19-877

Applicant Name: [REDACTED]	19	Mailing Address: [REDACTED]
Registered Civic Address: <u>4108 38<sup>th</sup> St NW 080</u>	19	Lot <u>21</u> Block <u>4</u> Plan <u>160,000</u> Tax Dist. <u>12020545000</u>
Property Owner (Print): [REDACTED]	19	Property Owner: [REDACTED]

## Part 1 - General Information - CIRCLE YES or NO

1. Does your office/business require you to perform duties other than paperwork in your home? YES OR NO
2. Will there be an office in your home that will be used for the exchange or sale of goods and/or services from the confines of your dwelling? YES OR NO
3. Is there a rental unit (secondary, garden or garage suite) in your primary dwelling or on your site? YES OR NO
4. Will any goods stored be viewed from the street or adjoining properties?  
If Yes, please provide a Site Plan indicating where goods will be stored on the property. YES OR NO
5. Will there be any structural, mechanical or electrical equipment used to carry on or support your business? YES OR NO
6. Will your office/business generate noise, vibration, smoke, dust, odor, heat or glare? YES OR NO
7. Will the business generate more vehicle or pedestrian traffic? YES OR NO
8. Besides your own personal vehicle, will there be vehicles/equipment utilized by the business? YES OR NO
9. Will there be clients, customers, students or animals coming into your home? YES OR NO
10. Will you hire staff other than those residing at this location? YES OR NO
11. Will you be erecting a sign for your office or business on your property? YES OR NO
12. Have you considered locating this Home Occupation to either a commercial or industrial zoned site? YES OR NO
13. Does the proposed occupation occupy greater than 15% of the home's floor space? YES OR NO
14. Have you attached owner authorization if you are not the sole property owner and/or you are a member of a Condo Association? YES OR NO
15. Do you have or have you applied for a City of Lloydminster Business License? YES OR NO

# Home Office/Occupation Questionnaire Application for Development Permit

LLOYDMINSTER

## Part 2 - Clarification

Office Use Only

DP# 19-077

1. In the space below please provide further clarification to any questions that were answered "YES" to on page 1

2.) Yes I require me to use an electric grill for my nail clients as well as hair irons and make-up products for BEAUTY AND WELLNESS. One of the bedrooms in the main floor of the house is used as my nail room as well as sell accessories products. The 2nd room is used to operate my hair and make-up studio. There will be electric equipment to carry on the BEAUTY AND WELLNESS studio such as UV/LED LAMPS, FRONT PANEL AS WELL AS IRONS FOR HAIR. Electrical will operate power and dust within the area in which all be operating the dusting of the nails. Chairs and equipment will be removed into my home to help with the service. There is a small sign for my business by the window area. I will have our main living area on the main floor not be Part 3 - Business/Office Details occupied during this time.

1. What is your business name? BEAUTY AND WELLNESS ? ITJ BUILDING MAINTENANCE
2. What type of business do you intend to operate? In a nail technician/hair dresser/Make-Up Artist
3. What services are you providing and/or what is being sold from your home? nails/hair/makeup services
4. Are there any other offices or businesses operating at this address?  Yes  No  
If yes, describe Janitorial Services (ITJ BUILDING MAINTENANCE) as home office.
5. What is the total floor area (including the basement area) in square feet is your home? 1089 sq ft.
6. How much of the total floor area in square feet will be used for the office/business? 278 sq ft.
7. What are the dimensions of the rooms used for your home office/business? 8x9 10x8 and 12x10.
8. What days of the week will your business operate? Monday - Friday and some sat & sun
9. Between what hours will your business operate? 9:00am - 9:00pm taking only 5-4 clients max/day
10. How many clients per week will be coming into your home? 5-4 client/day, 18 clients per week.
11. How many client vehicles can be accommodated on your property (not including street parking)? 2 parking

### AUTHORIZATION

I declare that to the best of my knowledge and ability, the information provided is true and accurate

Applicant Signature: \_\_\_\_\_ (Print) \_\_\_\_\_ Date: 7-05-19