

Development Permit Application

Application for Development Permit



LLOYDMINSTER

Application Submission Date: December 2, 2020

| | | | |
|--------------------------|--|---|------------------------|
| PROJECT | Is the project already constructed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | OFFICE USE ONLY | |
| | Municipal Address: <u>5227 81st Close</u> | Application # <u>20-1644</u> | Permit # <u>'</u> |
| APPLICANT INFORMATION | Tax Roll # <u>22190407000</u> Zoning District <u>R1</u> | Permit Fee <u>\$ 350.00</u> | Receipt # <u>58712</u> |
| | Legal Description: Lot <u>52</u> Block <u>55</u> Plan <u>0526101</u> | Approved by _____ | Refused by _____ |
| | Owner Authorization Form Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Valid Date _____ | Expiry Date _____ |
| | 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 Development: (Select all that Apply) <input checked="" type="checkbox"/> Permitted Use <input type="checkbox"/> Discretionary Use <input type="checkbox"/> Variance Application <input type="checkbox"/> New Construction <input type="checkbox"/> Front Deck <input type="checkbox"/> Renovation <input type="checkbox"/> Rear Deck <input type="checkbox"/> Addition <input type="checkbox"/> Other: _____ <input type="checkbox"/> Foundation <input type="checkbox"/> Income 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>Massage Therapy</u> <input type="checkbox"/> New Dwelling <input type="checkbox"/> Home Based Business: <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Accessory Building Description of Home Business _____ <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage | | |
| | I hereby declare <input checked="" type="checkbox"/> I am <input type="checkbox"/> I represent the owner of the property on which the work identified 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 5-2016. I/We will notify 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. | | |
| DECLARATION | <u>[Signature]</u> Signature of Registered Owner / Agent | <u>November 30, 2020</u> Date of Application | |
| DECISION OFFICE USE ONLY | Development Officer _____ | | |
| | Issued Date _____ | | |

Collection and Use of Personal Information: The personal information being collected on this form is for the purposes of processing and acting upon this application in accordance with the Municipal Government Act, and is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act (FOIP). The City will not share your personal information for purposes outside of those stated without your permission in writing, unless there is a specific exemption stated in the Municipal Government Act.

IMPORTANT NOTICE: THIS APPLICATION DOES NOT PERMIT YOU TO COMMENCE CONSTRUCTION UNTIL SUCH TIME A DEVELOPMENT PERMIT HAS BEEN ISSUED BY THE DEVELOPMENT AUTHORITY AND ALL OTHER PERMITS (IF REQUIRED) ARE APPROVED. IF A DECISION HAS NOT BEEN ISSUED WITHIN 40 DAYS OF THE DATE THE APPLICATION IS DEEMED COMPLETE, YOU HAVE THE RIGHT TO FILE AN APPEAL TO THE SUBDIVISION AND DEVELOPMENT APPEAL BOARD. APPEALS TO THE SUBDIVISION AND DEVELOPMENT APPEAL BOARD CAN ALSO BE FILED IN REGARDS TO PERMIT REFUSALS AND/OR CONDITIONS WITHIN 21 DAYS OF A DECISION.

Home Office/Occupation Questionnaire Application for Development Permit

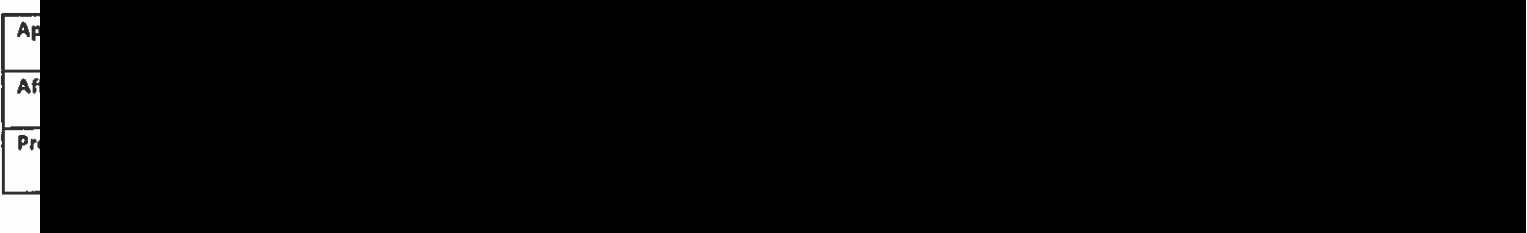


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Part 1 – General Information – CIRCLE YES or NO

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 of 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 homes 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
16. Do you reside (live) in the home? YES OR NO



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Part 2 – Clarification

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

will be continuing massage therapy in a designated room of my home, parking provided on my driveway. This will require one extra vehicle parked in my driveway when client is receiving treatment.

Part 3 - Business/Office Details

1. What is your business name? SLS Massage
2. What type of business do you intend to operate? ~~Registered~~ Registered Massage Therapy
3. What services are you providing and/or what is being sold from your home? massage therapy
4. Are there any other offices or businesses operating at this address? Yes No
If yes, describe _____
5. What is the total floor area (including the basement area) in square feet is your home? 1805
6. How much of the total floor area in square feet will be used for the office/business? 217
7. What are the dimensions of the rooms used for your home office/business? 10x10' + 13x9'
8. What days of the week will your business operate? Weekdays
9. Between what hours will your business operate? 6-8pm
10. How many clients per week will be coming into your home? 4-6
11. How many client vehicles can be accommodated on your property (not including street parking)? 3

AUTHORIZATION:

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

App: 

Dec 7, 2020

Date