

Development Permit Application

Application for Development Permit



Application Submission Date: December 10, 2020

LLOYDMINSTER

PROJECT	Is the project already constructed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OFFICE USE ONLY		
	Municipal Address <u>11401 47c Ave Lloydminster SK</u>	Application # <u>20-1651</u>		
APPLICANT INFORMATION	Tax Roll # <u>12060550000</u> Zoning District <u>RL</u>	Permit #		
	Legal Description <u>35</u>	Permit Fee <u>\$ 360.00 - 11/18/17</u>		
	[Redacted]	Receipt # <u>588323</u>	Approved by	
		Refused by		
		Valid Date		
Expiry Date				
Owner Authorization Form Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
DEVELOPMENT INFORMATION	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	<input checked="" type="checkbox"/> Permitted Use <input type="checkbox"/> Discretionary Use <input type="checkbox"/> Variance Application		
	Proposed Development: (Select all that Apply)			
	<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>Registered massage therapist</u>			
<input type="checkbox"/> New Dwelling <input checked="" type="checkbox"/> Home Based Business: <input type="checkbox"/> Minor <input type="checkbox"/> Major	Description of Home Business <u>Registered Massage therapy</u>			
<input type="checkbox"/> Accessory Building				
<input type="checkbox"/> Attached Garage				
<input type="checkbox"/> Detached Garage				
DECLARATION	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 [Redacted Signature]			
DECISION OFFICE USE ONLY	[Redacted]			
	[Redacted]			
	[Redacted]			
	[Redacted]			
	[Redacted]			
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



LLOYDMINSTER

Office Use Only

DP # _____

Part 2 – Clarification

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

I am doing registered massage therapy for clients out of one bedroom downstairs & use a small office space to do direct billing or collect payment. There is one client per appointment time coming to the house at a time.
I will also use the laundry room, bathroom & a small office space for my business.

Part 3 - Business/Office Details

1. What is your business name? Body Balance Massage Therapy
2. What type of business do you intend to operate? Registered Massage Therapy
3. What services are you providing and/or what is being sold from your home? RMT
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? _____
6. How much of the total floor area in square feet will be used for the office/business? _____
7. What are the dimensions of the rooms used for your home office/business? _____
8. What days of the week will your business operate? Monday - Friday
9. Between what hours will your business operate? 4 pm - 8 pm
10. How many clients per week will be coming into your home? 15
11. How many client vehicles can be accommodated on your property (not including street parking)? 1

AUTHORIZATION:

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

Home Office/Occupation Questionnaire Application for Development Permit



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Office Use Only

DP # _____

Date: December 14, 2020

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

6623 52 Street, Lloydminster AB/SK T9V 3T8 | P: 780 874 3700 | www.lloydminster.ca

Email: permits@lloydminster.ca



December 22, 2020

Property Owner

RE: Land Owner Notification
Development Permit – Discretionary Use
Development Permit Application No.: 20-1651

Dear Property Owner:

Please take notice that a neighbor who is within a thirty (30) metre radius of your property boundary has submitted the following Development Permit Application for the purposes of a **Home-Based Business: Major (Massage Therapy)** at **1401 – 47C Avenue** and it is being reviewed in accordance with Land Use Bylaw 5-2016.

Affected Address	Discretionary Use	Application #
1401 – 47C Avenue Lot: 75, Block: 4, Plan: 10207199	Home-Based Business: Major (Massage Therapy)	20-1651

The City of Lloydminster’s Land Use Bylaw 5-2016 grants the Development Officer the authority to consider the proposed use on this application. Any person that objects to the use may deliver to the Development Officer a written statement of their objections within fourteen (14) days of this letter indicating:

- Full name and address; and,
- Reasons for objection(s) to the proposed use.

Please note that a full name and addresses are required for submission of valid comment(s). If the submission is not accompanied by this information the written statement may be deemed invalid and rejected.

Written comments and general inquiries on the proposed use may be submitted by contacting:

Roxanne Shortt
City Operations Centre (6623 – 52 Street)
Phone: 780-874-3700 Ext 2608
Email: rshortt@lloydminster.ca

Additional information about the application can also be viewed on the City of Lloydminster website at:

www.lloydminster.ca/yourcityhall/permits

To locate the information search under the Discretionary Permit option and then by select the application number you wish to review.

If you have any questions, or require any clarification, please contact the undersigned at (780) 874-3700 or by email at rshortt@lloydminster.ca.

Sincerely,
City of Lloydminster

