

# Development Permit Application

## Application for Development Permit



**LLOYDMINSTER**

Application Submission Date: May 1/2023

<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>3201 43A AVE</u>	Application # <u>23-3418</u>	
<b>APPLICANT INFORMATION</b>	Tax Roll # <u>12027150000</u> Zoning District <u>R1</u>	Permit #	
	Legal Description: Lot <u>12</u> Block <u>4</u> Plan <u>10199326</u>	Permit Fee <u>\$ 350.00 / Week</u>	Receipt # <u>706697</u>
	<div style="background-color: black; width: 100%; height: 40px;"></div>	Approved by	
	<div style="background-color: black; width: 100%; height: 40px;"></div>	Refused by	
	<div style="background-color: black; width: 100%; height: 40px;"></div>	Valid Date	
(If property owner is different from applicant Owner Authorization Form is required) Owner Authorization Form Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Expiry Date	
<b>DEVELOPMENT INFORMATION</b>	Development Class: <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional <input type="checkbox"/> Multi-family - # of Units <input type="text"/>		
	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="text"/>		
	<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 Therapist.</u> <input type="checkbox"/> New Dwelling <input type="checkbox"/> Home Based Business: <input type="checkbox"/> Minor <input type="checkbox"/> Major Description of Home Business <input type="text"/>		
<b>DECLARATION</b>	I hereby declare <input 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.		
<b>DECISION OFFICE USE ONLY</b>	<div style="background-color: black; width: 100%; height: 40px;"></div> _____ Applicant		_____ Date of Application <u>May 2nd 2023</u>
	_____ 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

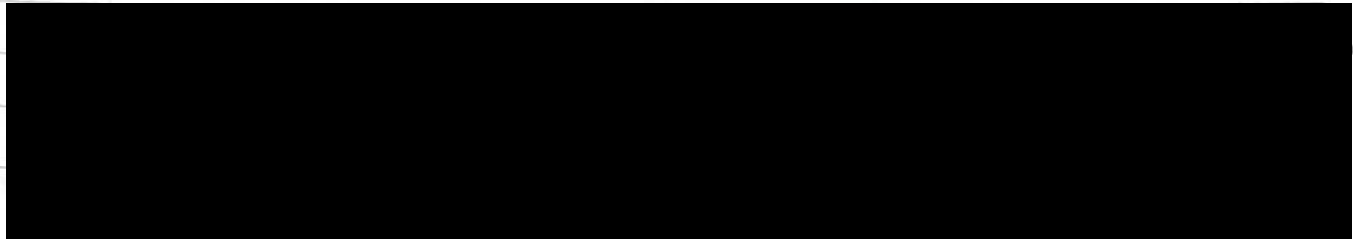


LLOYDMINSTER

Office Use Only

DP # \_\_\_\_\_

Date: May 8/2023



## 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

# 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

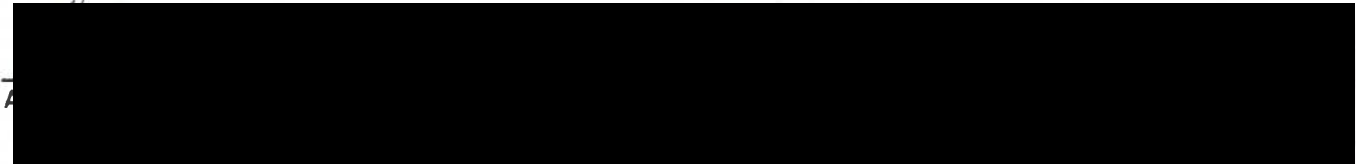
12	I will be offering Registered massage therapy treatments from an office in home
12	Will be seeing max 5 clients Monday - Friday for massage therapy treatments
7	There will be 1 vehicle in the driveway per client seen with only 1 client every 2 hours
12	I had an office in progressive fitness prior to it closing for 2 years. Any offices I found after were above budget to rent for only 1 person. #10 263450732
15	Business License - [REDACTED] #0998311

## Part 3 - Business/Office Details

- What is your business name? [REDACTED]
- What type of business do you intend to operate? Registered Massage Therapy
- What services are you providing and/or what is being sold from your home? Therapeutic massage Treatments
- Are there any other offices or businesses operating at this address?  Yes  No  
If yes, describe N/A
- What is the total floor area (including the basement area) in square feet is your home? 2538 Sq Ft
- How much of the total floor area in square feet will be used for the office/business? 219.67 Sq Ft
- What are the dimensions of the rooms used for your home office/business? 10'8" x 9'4" & 11'7" x 10'10"
- What days of the week will your business operate? Monday - Friday
- Between what hours will your business operate? 9-10  
Am pm
- How many clients per week will be coming into your home? max 20
- How many client vehicles can be accommodated on your property (not including street parking)? 2

### AUTHORIZATION:

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





May 19, 2023

Property Owner

**RE: Landowner Notification  
Development Permit – Discretionary Use  
Development Permit Application No: 23-3418**

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 **3201 – 43A Avenue** and it is being reviewed in accordance with Land Use Bylaw 5-2016.

Affected Address	Discretionary Use	Application #
3201 – 43A Avenue Lot: 12, Block: 4, Plan: 101993261	Home Based Business: Major Massage Therapy	23-3418

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 address 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](mailto:rshortt@lloydminster.ca)

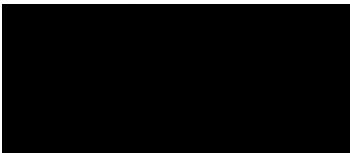
Additional information about the application can also be viewed on the City of Lloydminster website at:

[www.lloydminster.ca/en/your-city-hall/permits](http://www.lloydminster.ca/en/your-city-hall/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](mailto:rshortt@lloydminster.ca).

Sincerely,  
City of Lloydminster



**Development Officer, Planning  
Operations Centre**