

Development Permit Application

Applicant/Business Name: 

Address: 2613-57 A Ave.

Lot: 84 Block: 44 Plan: 852-2232

Tax Roll # 22175601000 Land Use District: R1

PERMITTED Or DISCRETIONARY Application Fee: \$350⁰⁰

Invoice/Receipt # 633711 Method of Payment: mc

DP Application # 22-2513

DP # _____

NOD Issued Date: _____ APPROVED or REFUSED

Development Officer Signature: _____

Your personal information will be collected under the authority of Section 25 of the *Local Authority Freedom of Information and Protection of Privacy Act*. Information will only be used to administer the Business Licence application. If you have any questions about the collection please contact the Office of the City Clerk at 780-875-6184 or email cityclerk@lloydminster.ca.

Business Licence Application

BUSINESS LICENCE TYPE

The following questions will be used to determine the type of business licence you are applying for.

Will your business be located within the City of Lloydminster? *

Yes

No

Which of the following apply to your business? * ?

Child Care Facility

Not-for-Profit

Farmers Market

Mobile Vendor

Pop Up Store

Professional

Youth Entrepreneur

None of the above

PLEASE TELL US ABOUT YOUR BUSINESS

Please describe your business activity *

Canine Massage and Body Work

What industry does your company fall under:

*

81- Other Services (Except Public Administratic

Business Licence Application

BUSINESS CIVIC/OPERATING ADDRESS

Is your business incorporated? *

No

Yes

First Name *

Last Name *

[Redacted]

Operating/Trade Name

Operating Address: *

City: *

Province/State: *

Postal Code: *

Email: *

[Redacted]

Is this address a residential property in Lloydminster? *

Yes

No

Does the business have multiple physical locations in the City of Lloydminster? *

Yes

No

BUSINESS MAILING ADDRESS

Is the mailing address the same as the physical address? *

Yes

No

OTHER INFORMATION

Business Start Date *

2/9/2022



How long has your company been in business (Years)? *

0

Number of Full Time Employees (including owner): *

1

Number of Part Time Employees: *

0

What is the square footage of the business? *

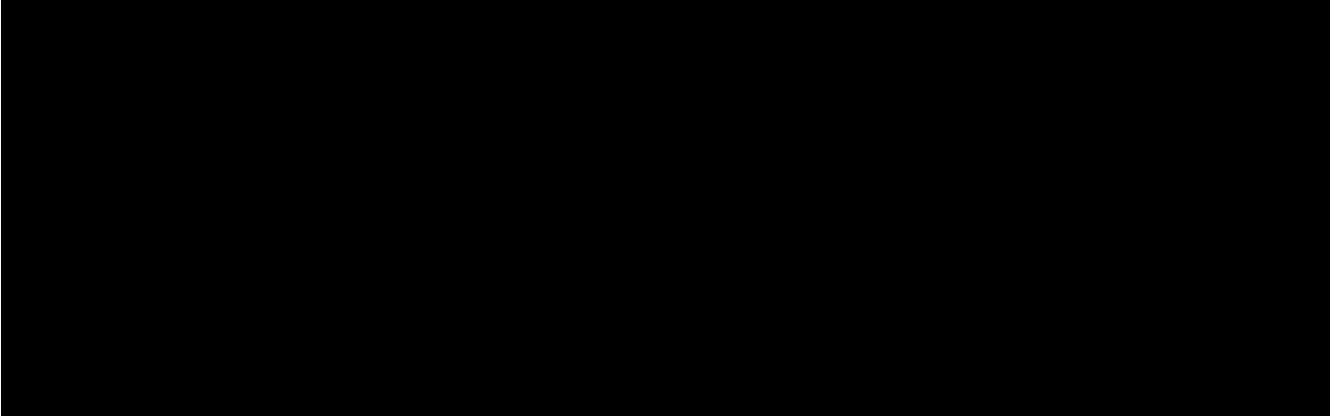
192

Does your building/place of business have any of the following fire protection or door access outlined below? Check those that apply.

- A fire alarm system whose control features, including those for emergency voice communication systems, that is located behind a locked panel
- A fire alarm system in which manually operated devices require a key or device in order to be reset
- A fire alarm system in which the electrical circuit breaker is located within a locked panel or room
- An automatic sprinkler system in which the main control valve is locked in the open position
- An automatic sprinkler system in which the main control valve is located within a locked room or enclosure
- Firefighting standpipe and water supply connections that are in a locked room or area
- A key operated elevator control feature that will permit exclusive use of elevators by firefighting personnel
- A key operated elevator control feature that will switch selected elevators to operate on emergency power
- Locked access doors to a roof provided for firefighting purposes

Business Licence Application

CONTACT INFORMATION

A large black rectangular redaction box covers the contact information section. To the right of the redaction, there is a small, empty rectangular input field.

Business Licence Application

Development Permit Application

A Development Permit is required when the proposed use has never been approved or has expired at a specific address. All uses must comply with district regulations in Land Use Bylaw 5-2016 being the bylaw to regulate the use and enjoyment of the lands in the City.

Have you applied for a Development Permit? *

Yes

No

Business Activity/Description * [?](#)

Massage Services

PROPERTY OWNERSHIP

Is the address previously provided your primary residence? *

Yes

No

Are you the registered property owner or land owner? *

Yes

No

Is the property part of condo association? *

Yes

No

Is the property/land owned by a corporation? *

Yes

No

Will the property be used for the exchange or sale of goods and services? *

Yes

No

Are there any other businesses operating at this address? *

Yes

No

Is there a secondary suite/rental unit on this property/land? *

Yes

No

Does the proposed business occupy greater than 15% of the home-floor space (including the basement)? *

Yes

No

GENERAL BUSINESS

What days of the week will your business operate? (Please select all that apply) *

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Hours of Operation - Business Open Time *

08:00 AM



Hours of Operation - Business Close Time *

06:00 PM



How many clients/customers per week will be coming into your property? *

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Is this dwelling in a Cul de Sac? *

Yes

No

Will you be erecting a sign for your office or business on your property? *

Yes

No

BUSINESS OPERATIONS

Will your business be storing materials on the property? *

Yes

No

Will you be using any large equipment or machinery to support your business beyond office/administrative? *

Yes

No

Besides your own personal vehicle, how many additional vehicles would be utilized by the business? *

0

Does this Business Support any of the following (select all that apply):

Adult Entertainment

Dating or Escort Services

Fleet Services

Automotive Service or Repairs

Industrial or Recreational Vehicle Sales, Rentals, storage, service, or repairs

Any Industrial Use including salvaging, recycling, warehousing

Use of Commercial Power Tools, machinery requiring any external venting, vacuums, blowers or exhaust ports

Storage of hazardous, noxious or dangerous goods

Animal breeding or overnight kenneling

Radio Transmission equipment

Sale, storage or service of firearms, fireworks or ammunition

Cannabis production, distribution, sales, or lounge

How many off street parking stalls are you providing? *

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February 15, 2022

Property Owner

RE: **Landowner Notification
Development Permit – Discretionary Use
Development Permit Application No: 22-2513**

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 (Canine Massage & Body Works)** at **2613 – 57A Avenue** and it is being reviewed in accordance with Land Use Bylaw 5-2016.

Affected Address	Discretionary Use	Application #
2613 – 57A Avenue Lot: 84, Block: 44, Plan: 852-2232	Home Based Business: Major (Canine Massage & Body Works)	22-2513

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,



**Development Officer, Planning
Operations Centre**