



Planning & Development Services  
City of Medicine Hat  
580 1st Street SE  
Medicine Hat, AB T1A 8E6  
Phone (403) 529-8374  
pbe@medicinehat.ca

# Single Detached House or Duplex

(New Subdivision/ Developing Area)

Property Information	
Municipal Address:	

Applicant Information
Name:
Company Name:
Mailing Address:
Phone:
Email:

Registered Landowner (if not the applicant)
Name:
Company Name:
Mailing Address:
Phone:
Email:

Are you the Registered Owner of the Property?	<input type="checkbox"/> YES <input type="checkbox"/> NO   - If NO, please obtain Owner Authorization (below)
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Declaration of Agent's Authorization
As the Applicant indicated on this application, I declare that the owner/owners of the proposed development site described on this application have granted consent to me, to serve as their authorized agent to complete this Development Permit application on their behalf.
I further declare that:
<ul style="list-style-type: none"> <li>The owner/owners are aware of the request being made on their behalf, and that all information provided in this application is truthful, complete, and accurate for the submission being made.</li> <li>The owner/owners grant authorization for City staff to enter onto the proposed development site when necessary to evaluate the site in relationship to this application being made.</li> <li>The owner/owners will cooperate with the City to provide all necessary information reasonably required and/or requested by staff to allow for the proper review of this Development Permit application.</li> </ul>
<input type="checkbox"/> I HAVE READ, UNDERSTOOD and AGREE TO THE "DECLARATION OF AGENT'S AUTHORIZATION"

**Abandoned Well Confirmation (\*Must be Completed)**

If the structure you are proposing is larger than 47m<sup>2</sup> (506 ft<sup>2</sup>), please visit the Alberta Energy Regulator (AER) website to determine whether abandoned wells are absent or present within 25m of the proposed development site. A map of the subject parcel showing the presence or absence of abandoned wells must be provided as part of this application.

Alberta Energy Regulator website: <https://extmapviewer.aer.ca/AERAbandonedWells/Index.html>

**If abandoned wells are ABSENT within 25m of the proposed development permit site:**

I, \_\_\_\_\_, have reviewed information provided by the Alberta Energy Regulator ("AER") as set out in the AER Directive 079, Surface Development in Proximity to Abandoned Wells, and declare that the information shows the absence of any abandoned wells within the site of proposed development.

**Name (Print):**

**Company Name** (if applicable):

**Date:**

**Signature:**

**If no wells are present within 25m of the proposed development site, please proceed to the "Voluntary Waiver of Claims" section**

**If an abandoned well(s) is/are PRESENT within 25m of the proposed development permit site:**

I, \_\_\_\_\_, have reviewed information provided by the Alberta Energy Regulator ("AER") as set out in the AER Directive 079, Surface Development in Proximity to Abandoned Wells, and declare that the licensee(s) responsible for all abandoned wells within the proposed subdivision/development has been contacted and exact well location determined in order to have the Abandoned Well Locating and Testing Protocol completed in accordance with the AER Directive 079. To prevent contact with the well, a temporary or permanent identification marker will be placed on abandoned wells prior to construction, according to the confirmed well location(s) on site. The site of the proposed subdivision/development contains the following abandoned well(s):

<b>AER (ERCB) License</b>	<b>Licensee Name</b>	<b>Licensed Surface Location</b> (e.g., 04-20-052-23 W4M)	<b>Contact Person Name</b>	<b>Phone Number and Email Address</b>

**Name (Print):**

**Company Name** (if applicable):

**Date:**

**Signature:**

**PROJECT DETAILS – SINGLE DETACHED HOUSE or DUPLEX (NEW SUBDIVISION/DEVELOPING AREA)**

All applications must comply with the City of Medicine Hat’s **Land Use Bylaw No.4168**

	Required Item	Format Requirements
<input type="checkbox"/>	<p><b>1. SITE PLAN</b></p> <ul style="list-style-type: none"> <li>▪ <b>Must be prepared by a draftsman, architect, or person skillful in technical drawing</b></li> </ul>	<p>The site plan must include the following:</p> <ul style="list-style-type: none"> <li>▪ North arrow</li> <li>▪ Location – including, municipal address and legal description (Lot, Block, Plan)</li> <li>▪ All property lines</li> <li>▪ Identify the location and foundation outline of the Single Detached House or Duplex and the setbacks from all property lines (front, rear, and side yard setbacks)</li> <li>▪ Outline the location, dimensions, and setbacks of any detached garages, in-ground swimming pools, decks, etc. (ensure any eaves or other projections are identified)</li> <li>▪ Identify any retaining walls (existing and proposed)</li> <li>▪ Identify lot grades (including at lot corners and building grades at all corners, and garage slab)</li> <li>▪ Identify the driveway width and length to property line (if no sidewalk, to back of curb)</li> <li>▪ Identify any additional parking areas including length and width of all stalls, driveways, etc.</li> <li>▪ Identify adjacent city streets, sidewalks, curbs, and proposed and existing curb cuts</li> <li>▪ Identify location of all existing and proposed service lines - electric (including overhead), gas, water, sanitary sewer as well as any easements, utility rights-of-way, or swales located on the property. This should also include, identification of electric and gas meters, any utility poles, transformer boxes, hydrants, light standards, that are located on or adjacent to the site</li> </ul> <p><i>(A 1:200 metric scale is recommended)</i></p>
<input type="checkbox"/>	<p><b>2. ELEVATION DRAWINGS</b></p>	<p>The elevation drawings must include:</p> <ul style="list-style-type: none"> <li>▪ The exterior of the proposed building, including windows, doors, decks, any cantilevers or other projections etc.</li> <li>▪ Exterior finishing materials.</li> <li>▪ Lot grades, building grades, and grade line plotted on each of the building elevations, extending to the property line (ensure consistency with the Site Plan)</li> <li>▪ Dimensioned height from grade to highest point of roof</li> <li>▪ Elevations of any fence or retaining wall proposed on the site</li> </ul> <p><i>(A 1:200 metric scale is recommended)</i></p>

<input type="checkbox"/>	<b>3. FLOOR PLANS</b>	<p>The floor plans must include:</p> <ul style="list-style-type: none"> <li>▪ Layout of all exterior and interior walls and identify rooms (e.g., Kitchen, bathroom, internal stairways, etc.)</li> <li>▪ Location of doors and windows</li> <li>▪ Dimensions of buildings (length &amp; width)</li> </ul> <p><i>(A 1:200 metric scale is recommended)</i></p>
<input type="checkbox"/>	<b>4. OFF-SITE LEVIES FEES (IF APPLICABLE)</b> <ul style="list-style-type: none"> <li>▪ <b>Using the Off-Site Levy Bylaw, off-site levies are determined during the Planning &amp; Development Services review of the proposed development.</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ The City of Medicine Hat will email a fee slip or mail an invoice to the applicant if off-site levies are determined to be owing and are to be paid prior to issuance of the Development Permit.</li> </ul>
<input type="checkbox"/>	<b>5. APPLICATION FEE (2022)</b> <ul style="list-style-type: none"> <li>▪ <b>Development Permit Fee for Single Detached House - \$229.85</b> (Includes GST)</li> <li>▪ <b>Development Permit Fee for Duplex - \$306.50</b> (Includes GST)</li> <li>▪ <b>Please note: if a variance is required as part of your Development Permit conditions, you will be charged an additional fee; each variance is \$280.95</b> (Includes GST).</li> </ul>	<ul style="list-style-type: none"> <li>▪ The City of Medicine Hat will email a fee slip or mail an invoice to the applicant for the Development Permit fee once the application has been received. If a variance is required as part of the Development Permit conditions, this is to be paid prior to issuance of the Development Permit.</li> <li>▪ Fee payment may be made by Visa, Mastercard, Debit, Cash, or Cheque.</li> </ul>

<b>Voluntary Waiver of Claims</b>	
	<ul style="list-style-type: none"> <li>▪ This “Voluntary Waiver of Claims” allows the City of Medicine Hat to release to you the Development Permit for the proposed development at the municipal address you provided, in order that you may commence with this development in advance of the appeal period expiry date. The appeal period expires 21 days from the first advertised date of the public notice.</li> <li>▪ By agreeing to the “Voluntary Waiver of Claims,” you agree that should an appeal be made, you will cease the development pending the outcome of the appeal and waive all claims to compensation from the City of Medicine Hat for costs associated with that cessation and/or costs resulting from the outcome of the appeal.</li> <li>▪ Agreement of this “Voluntary Waiver of Claims” does not nullify your own right to an appeal. You may appeal any condition of approval on the Development Permit to the Subdivision and Development Appeal Board.</li> <li>▪ Agreement to the “Voluntary Waiver of Claims” does not eliminate the need to comply with any and all prior to release conditions on a Development Permit. You must comply with all conditions before Planning &amp; Development Services may release your Development Permit under the provision of this form.</li> <li>▪ Agreement to the “Voluntary Waiver of Claims” and the possession of the released Development Permit does not eliminate the need for a Business License, Building Permit, or other required permits. Commencing development without first obtaining all necessary permits is not allowed and may result in fines.</li> </ul>
<input type="checkbox"/>	<b>I HAVE READ, UNDERSTOOD and AGREE TO THE “VOLUNTARY WAIVER OF CLAIMS”</b>

## Declarations

- I/WE hereby make application for a Development Permit (DP) under the provisions of the Land Use Bylaw (LUB) No. 4168 in accordance with the plan's specifications, information and materials submitted herewith and which form part of this application.
- A Development Permit shall remain in effect for 12 months from the date of issue.

The personal information on this form is being collected for the purpose of a Development Permit Application under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act and is protected by the Act. If you have any questions about the information being collected, contact the City of Medicine Hat FOIP Head at 403.529.8234.

- I am aware that this proposal will be reviewed by Planning and Development Services and may be delayed or refused if the application and/or information/documents I provide are incomplete.
- I understand that additional information may be required after the Development Permit application has been submitted, and that the processing of my application will not proceed until I have provided all necessary information.
- I understand that all of my submitted materials must be clear, legible and precise, otherwise the review process of my application will be delayed. I understand that rough sketches are not acceptable and will also delay my application, and that plans and drawings should be prepared according to professional drafting standards.
- I understand that if the proposed development is located in an area where development constraints exist, (e.g., edge of coulee, flood plain, etc.) additional information and/or reports may be required.
- I understand that this permit application may be refused if the proposed development does not conform to the City of Medicine Hat's Land Use Bylaw and/or Land Use Bylaw amendments.
- I understand that all utility locates are required prior to construction. Locates can be requested online using the following website: <https://utilitysafety.ca/submit-a-locate-request>
- I understand that in addition to a Development Permit, I am required to obtain the following permits prior to construction: building, plumbing, electrical, gas and HVAC.



**I HAVE READ, UNDERSTOOD and AGREE TO THE DEVELOPMENT PERMIT DECLARATIONS**

<b>Name (Print):</b>	<b>Signature:</b>	<b>Date:</b>
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