

RESIDENTIAL DEVELOPMENT PERMIT APPLICATION FORM



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

Swimming Pool (Permanent)

*Not applicable for temporary/seasonal pools

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
<p>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.</p> <p>I further declare that:</p> <ul style="list-style-type: none">▪ 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.▪ 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.▪ 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.
<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 47m² (506 ft²), 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):

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

Name (Print):	Company Name (if applicable):
Date:	Signature:

PROJECT DETAILS – SWIMMING POOL

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

	Required Item	Format Requirements
<input type="checkbox"/>	<p>1. SITE PLAN (Please see example on page 5)</p>	<p>The site plan must include the following:</p> <ul style="list-style-type: none"> ▪ All property lines shown and labelled ▪ Identify if the proposed site is in close proximity to the top or bottom of a coulee, escarpment, or any other geophysical risk lands ▪ Identify the location and dimensions of the pool and the distances from the swimming pool to all property lines (front, rear, and side yard setbacks) ▪ Identify the method of wastewater disposal ▪ Identify location of all utilities (electric (including overhead), gas, water, sanitary sewer) as well as any swales located on the property <p><i>(A 1:200 metric scale is recommended)</i></p>
<input type="checkbox"/>	<p>2. ELEVATION DRAWINGS (Please see example on page 6)</p>	<p>The elevation drawing must include:</p> <ul style="list-style-type: none"> ▪ The depth of the pool <p><i>(A 1:200 metric scale is recommended)</i></p>
<input type="checkbox"/>	<p>3. APPLICATION FEE (2022)</p> <ul style="list-style-type: none"> ▪ Development Permit Fee - \$101.50 (Includes GST) ▪ 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 (Includes GST). 	<ul style="list-style-type: none"> ▪ 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. ▪ Fee payment may be made by Visa, Mastercard, Debit, Cash, or Cheque.

Voluntary Waiver of Claims

- 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.
- 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.
- 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.
- 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 & Development Services may release your Development Permit under the provision of this form.

- 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.



I HAVE READ, UNDERSTOOD and AGREE TO THE “VOLUNTARY WAIVER OF CLAIMS”

Declarations

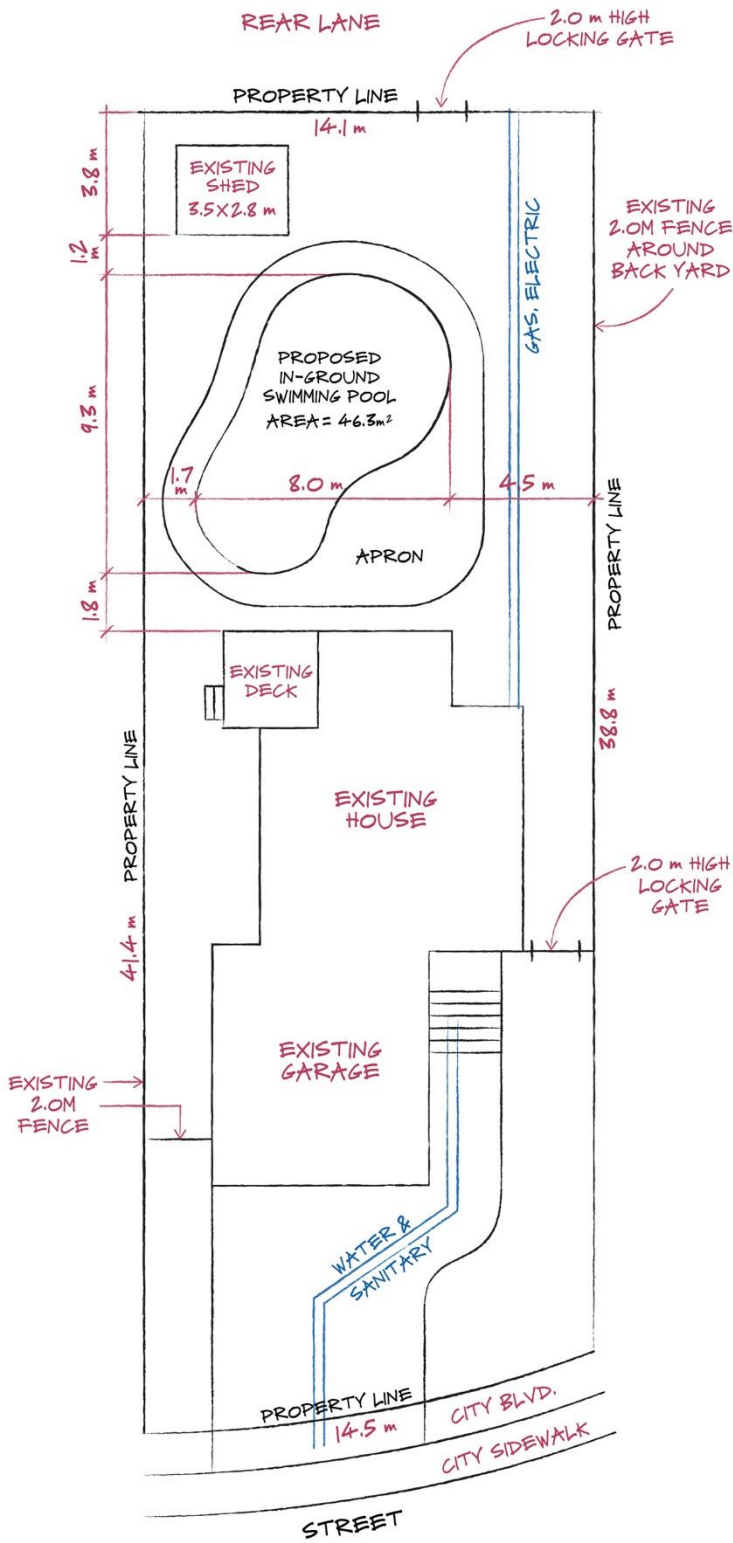
- I/WE hereby make application for a Development Permit (DP) under the provisions of the Land Use Bylaw (LUB) No. 4168 in accordance with the plan’s specifications, information and materials submitted herewith and which form part of this application.
- A Development Permit shall remain in effect for 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 a Building Permit is required in addition to a Development Permit, and that other permits such as electrical, plumbing, gas, and HVAC may also be required.



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

Name (Print):	Signature:	Date:
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Site Plan Example – In-Ground Swimming Pool



555 55 ST. SE

Elevation Plan Example - In-Ground Swimming Pool

