



Planning & Development Services

580 First Street SE
Medicine Hat, Alberta T1A 8E6

Phone: 403.529.8374
E-mail: pbe@medicinehat.ca
www.medicinehat.ca

VOLUNTARY WAIVER OF CLAIMS

LEGAL DESCRIPTION OF PROPERTY

Lot	Block	Plan	Civic Address

Approval Date: _____

This “Voluntary Waiver of Claims” allows the City of Medicine Hat to release the Development Permit to you so that you may commence development in advance of the appeal period expiry date (which ends twenty-one [21] days from the date when the public notice was first advertised).

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 prior to release conditions before Planning & Development Services may release your Development Permit under the provisions of this form.

Agreement to the “Voluntary Waiver of Claims” and possession of the released Development Permit does not eliminate the need for a Business License, Building Permit or other required permits. Do not commence development without first obtaining all the necessary permits.

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

NAME (Please Print): _____

SIGNATURE: _____

DATE: _____

The personal information on this form is being collected for the purpose of a Voluntary Waiver of Claims 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.