

Outdoor Patio Approval (RROW)

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 application on their behalf.
I further declare that:
<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 approval.
<input type="checkbox"/> I HAVE READ, UNDERSTOOD and AGREE TO THE "DECLARATION OF AGENT'S AUTHORIZATION"

PROJECT DETAILS – COMMERCIAL OUTDOOR PATIO APPROVAL

All applications must comply with the City of Medicine Hat's **Public Roads Bylaw No.4346**.

***Please note, approvals from the Alberta Gaming, Liquor and Cannabis, and Alberta Health Services may also be required.**

	Required Item	Format Requirements
<input type="checkbox"/>	<p>1. SITE PLAN <i>(A 1:200 metric scale is recommended)</i> <i>See example on Pg.6</i></p>	<p>The site plan must include the following:</p> <ul style="list-style-type: none"> • North arrow • Location – including municipal address and legal description (Lot, Block, Plan) • All property lines • Front, rear, and side setbacks of the patio from all property lines and all buildings on the site • Dimensions of the proposed patio, showing all exits • All existing structures, with dimensions • Identify adjacent city streets, sidewalks, curbs and proposed and existing curb cuts • Location and number of tables / chairs • Location of parking areas including length and width of stalls, driveway, etc. • Location of outdoor storage areas and method of screening (if applicable) • Location of drive thru and turning radii for drive thru (if applicable) • Turning radii for large vehicles (if applicable) • Location of garbage enclosures • Location of Road Right of Way and public sidewalk • Identify location of all existing and proposed service lines – electric (including overhead), gas, water, sanitary sewer as well as easements, utility rights-of-way, and swales on property
<input type="checkbox"/>	<p>2. ELEVATION DRAWINGS <i>(A 1:200 metric scale is recommended)</i></p>	<p>The elevation drawings must include:</p> <ul style="list-style-type: none"> ▪ Exterior of proposed outdoor patio ▪ Description of exterior finishing materials of patio, and railings. ▪ Dimensioned height from grade on each elevation.
<input type="checkbox"/>	<p>3. TEMPORARY TRAFFIC CONTROL (TTC) REQUEST FORM</p>	<p>The Temporary Traffic Control (TTC) Request Form and Manual can be found online:</p> <p>https://www.medicinehat.ca/en/roads-parking-and-transportation/road-construction.aspx</p> <p>The form can also be found on page 6 and 7 of this application.</p> <p>The completed request form must be submitted to Planning and Development Services as part of this application.</p>

<input type="checkbox"/>	4. CERTIFICATE OF LIABILITY INSURANCE	<p>The City of Medicine Hat must be named as a joint insured, not less than \$2,000,000 liability.</p> <p>Documentation must be provided to Planning and Development Services as part of this application.</p>
<input type="checkbox"/>	5. ALBERTA GAMING, LIQUOR AND CANNABIS & ALBERTA HEALTH SERVICES APPROVALS	<ul style="list-style-type: none"> ▪ Confirm that your proposed service meets relevant Alberta Health liquor and food regulations. ▪ Confirm with Alberta Gaming, Liquor and Cannabis that your proposed alcohol service meets regulations.
<input type="checkbox"/>	6. DETAILED DESCRIPTION OF THE PROPOSAL <ul style="list-style-type: none"> ▪ Please indicate the intended months of operation and the hours of operation. <hr/> <hr/> <hr/>	
	APPLICATION FEE (2023) <ul style="list-style-type: none"> ▪ Sidewalk Patio (on City Property) - \$630.00 (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 \$472.50 (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 once the application and other required documentation is deemed complete. ▪ Fee payment may be made by Visa, Mastercard, Debit, Cash, or Cheque.

Name (Print):	Signature:	Date:
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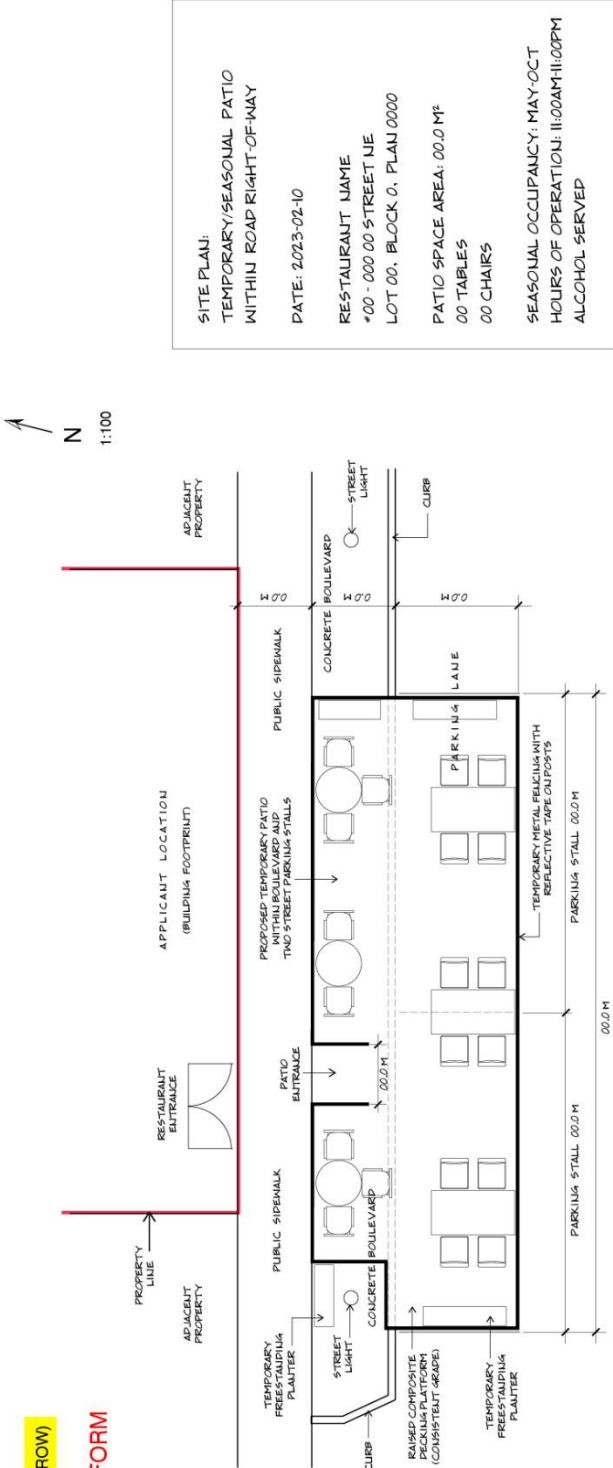
Site Plan Example – Outdoor Patio

EXAMPLE SITE PLAN for
DEVELOPMENT PERMIT APPLICATION

TEMPORARY/SEASONAL COMMERCIAL PATIO

ENTIRELY ON PUBLIC PROPERTY (RROW)

REFER TO APPLICATION FORM
FOR ALL DRAWING
REQUIREMENTS



SITE PLAN:
TEMPORARY/SEASONAL PATIO
WITHIN ROAD RIGHT-OF-WAY

DATE: 2023-02-10

RESTAURANT NAME
*00 - 000 00 STREET NE
LOT 00, BLOCK 0, PLAN 0000

PATIO SPACE AREA: 00.0 MF
00 TABLES
00 CHAIRS

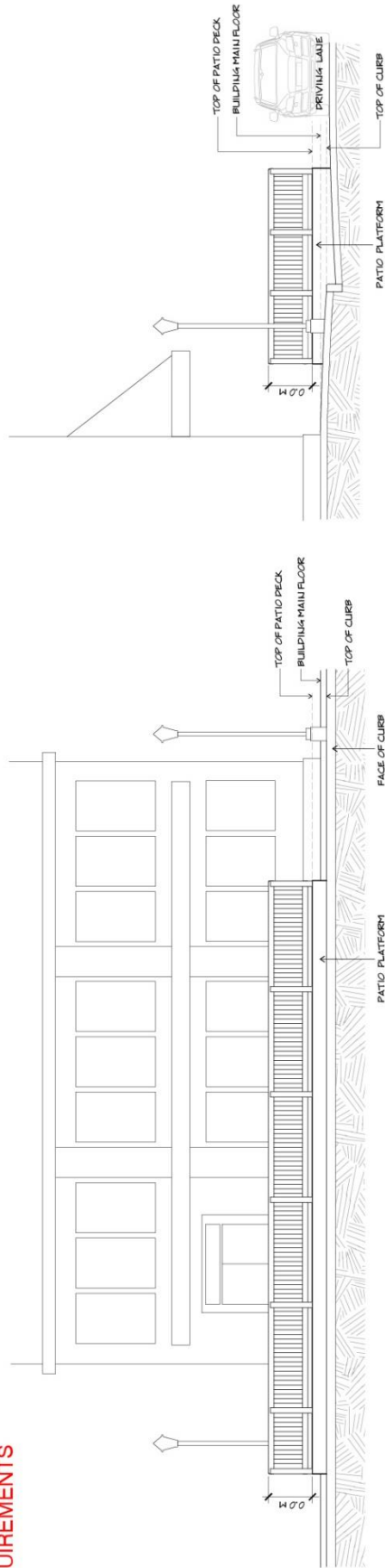
SEASONAL OCCUPANCY: MAY-OCT
HOURS OF OPERATION: 11:00AM-11:00PM
ALCOHOL SERVED

Elevation Plan Example - Outdoor Patio

EXAMPLE ELEVATION PLAN for
DEVELOPMENT PERMIT APPLICATION

TEMPORARY/SEASONAL COMMERCIAL PATIO

REFER TO APPLICATION FORM
FOR ALL DRAWING
REQUIREMENTS



1:100

SOUTH ELEVATION

WEST ELEVATION

Temporary Traffic Control (TTC) Request Form

Applicant Information (Required)	
Name	
Business Name	
Mailing Address	
City, Province	
Postal Code	
Office Phone	
Cell Phone	
E-mail	
Submission Date	

Project Information (Required)	
Project Location:	
Scope of Work:	
Project Start Date:	
Project End Date:	
Project Hours:	
From:	To:
Is Excavation Required?	
Yes	No
Site Supervisor (Who's On Site):	
Name:	
Cell No:	
City Department Working For:	
City Department Project Manager:	
Name:	
Cell No:	
TTC Reviewed By Project Manager: Yes No	
Project Manager Signature:	

Project Check List (Required)		
TTC Drawing Attached? - Standard Drawing/ Custom Drawing	Yes	No
Location Map Attached?	Yes	No
Is Ground Disturbance Required?	Yes	No
If Yes, have locates been completed/ ordered?	Yes	No
Sidewalk Closure Required? If Yes, show on map how pedestrians will be Re-routed	Yes	No
Will Road Closure Impact Parking? Do No Parking Signs Need to Be Setup? If Yes, No Parking signs are to be setup 24 hours prior to work starting	Yes	No
Are Restricted Parking Stalls Required For Contractor Use? (2 hour, 30 min. parking) If Yes, contact City Assets – Surface Dept. for Parking Stall Rental Request Form	Yes	No
Back Laneway Closures Required? If Yes, Notify Environmental Utilities – Solid Waste Collection	Yes	No
Are Message Boards Required? If Yes, show on map/drawing of location(s)	Yes	No
Additional Notification Required by Contractor <small>(City Assets to complete. Contractor to make notifications once TTC is approved)</small>		
City Assets - Environmental Utilities		
EU – Solid Waste Collection		
Electric Distribution		
Gas Distribution		
Parks & Recreation		
Medicine Hat Transit Services		
Emergency Services (Fire Services, Police Services)		
Alberta Transportation & Infrastructure		
RCMP		
Business/ Residential Notifications		
Public Advisory		
Other		
City Department Contact Information		
Fire Services	(403)529-8282	
Police Services	(403)529-8481 mhps@mhps.ca	
Medicine Hat Transit	(403)529-8214 mhtransit@medicinehat.ca	
Environmental Utilities	(403)529-8176 eu@medicinehat.ca	
Gas Distribution	(403)529-8190 gascustomerservice@medicinehat.ca	
Electric Distribution	(403)529-8286 elecdist@medicinehat.ca	

Temporary Traffic Control (TTC) Request Form

Additional Project Information:

TEMPORARY TRAFFIC CONTROL REQUIREMENT CLAUSES:

1. a. Temporary Traffic Control Requests shall be submitted **4 BUSINESS DAYS** in advance of the expected start date as per the City of Medicine Hat Temporary Traffic Control Manual 2008, Section 3.2.2.
- b. **Incomplete forms will be rejected and re-submittal with proper information will be required.**
2. **FLAG PERSON APPAREL:**
 - a. It is required that all persons involved shall wear high-visibility apparel in accordance with Canadian Standard Association, CSA Standard, Z96-02, titled High Visibility Apparel. This will include visible/ fluorescent head gear, and a clean safety vest meeting CSA Standard Z96-02.
 - b. If working in intersections, high speed, or congested areas all persons involved shall wear full flag person Apparel including CSA Standard Z96-02 Class Level 2 Coveralls.
3. **EXPOSED SURFACES & SHARP SHOULDERS**
 - a. Any hazards that may impact motorists during construction (exposed catch basins, manholes, curbs, uneven surfaces, etc.) shall be marked and signed (e.g. Sharp Shoulder, Bump sign, etc.). Traffic Accommodations can be adjusted to address any additional hazards. Contact the City Assets – Surface Department to revise existing traffic accommodations if needed.
4. **PROJECT END DATE EXTENSION**
 - a. If you anticipated that the project will extend past the specified end date, please notify the City Assets – Surface Department as soon as possible to extend the duration of the project and to provide a new end date.

SUBMIT FORM AND TTC DRAWING TO

EMAIL: TrafficAccom@medicinehat.ca

PHONE: (403)529-8177

MAIL:
CITY ASSETS - SURFACE
188 KIPLING STREET SE
MEDICINE HAT, AB T1B 1W1

CITY ASSETS – SURFACE DEPT. USE ONLY

REVIEWED BY:

DATE REVIEWED:

REVIEWED BY:

DATE REVIEWED:

APPROVED BY:

PAT BOHAN, DIRECTOR – CITY ASSETS

DATE APPROVED: