

Secondary Suite or Backyard Suite

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"> 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 – SECONDARY SUITE or BACKYARD SUITE

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</p> <ul style="list-style-type: none"> ▪ Must be prepared by a draftsman, architect, or person skillful in technical drawing <p><i>(A 1:200 metric scale is recommended)</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 ▪ Identify the location and foundation outline of the principal dwelling and the setbacks from all property lines (front, rear, and side yard setbacks) ▪ Outline the location, dimensions, and setbacks of any detached garages/backyard suites, in-ground swimming pools, decks, etc. (ensure any eaves or other projections are identified and distance from rear of principal dwelling to the backyard suite) ▪ Identify lot grades (including at lot corners and building grades at all corners, and garage slab) ▪ Identify the driveway width and length to property line if applicable (if no sidewalk, to back of curb) ▪ Identify any additional parking areas including length and width of all stalls, driveways, etc. Label the stalls to be used for the secondary suite or backyard suite (indicate size and material of parking stall(s)) ▪ Identify the location and dimensions of the outdoor amenity space for the suite ▪ Identify suite entrance ▪ 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
<input type="checkbox"/>	<p>2. ELEVATION DRAWINGS</p> <p><i>(A 1:200 metric scale is recommended)</i></p>	<p><i>*Elevation drawings are not required for secondary suites if there is no change to the exterior of the building. Pictures of the building are satisfactory.</i></p> <p>The elevation drawings must include:</p> <ul style="list-style-type: none"> ▪ The exterior of the proposed building, including windows, doors, decks, stairs, any cantilevers, or other projections etc. ▪ Exterior finishing materials. ▪ 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) ▪ Dimensioned height from grade to highest point of roof for all buildings on site ▪ Elevations of any fence or retaining wall proposed on the site

<input type="checkbox"/>	3. FLOOR PLANS <i>(A 1:200 metric scale is recommended)</i>	<p>The floor plans must include:</p> <ul style="list-style-type: none"> ▪ Layout of all exterior and interior walls and identify rooms (e.g., Kitchen, bathroom, internal stairways, etc.) (Must identify number of bedrooms) ▪ Identify the secondary suite or backyard suite area (square meters) ▪ Locations of separate ventilation and heating for the main dwelling unit and secondary suite. ▪ Location of doors and windows ▪ Dimensions of buildings (length & width)
	APPLICATION FEE (2023) <ul style="list-style-type: none"> ▪ Development Permit Fee for Secondary Suite - \$299.25 (Includes GST) ▪ Development Permit Fee for Backyard Suite - \$299.25 (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 \$299.25 (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 issue 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 conditions of a Development Permit.
- Agreement to the “Voluntary Waiver of Claims” and the possession of a Development Permit does not eliminate the need for a Business License, Building Permit, or other required permits or authorization. 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 compliance with the City of Medicine Hat's Tree Preservation Bylaw No. 4218 is 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

Name (Print):	Signature:	Date:
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