



# APPLICATION FOR A DEVELOPMENT PERMIT

City of Medicine Hat Planning & Development Services

580 First Street SE, Medicine Hat, AB T1A 8E6

Phone: 403.529.8374

E-mail: [pbe@medicinehat.ca](mailto:pbe@medicinehat.ca)

DP#

Civic Address of Property of Development

Lot (Parcel)

Block

Registered Plan Number

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 plans specifications information and materials submitted herewith and which form part of this application.

### Applicant Information

Name:

Address:

Phone:

E-mail:

Date:

Signature:

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.

### Proposed Development

YES  NO

Are you the Registered Owner of the Property?

If NO, please obtain Owner Authorization (below)

### Owner Authorization

As the owner/owners of the property described above, I/we consent to having the Applicant or firm (see above) serve as my/our authorized agent to process this DP Application on my/our behalf. As the owner/owners of the property as identified;

- I/We acknowledge that we are aware of the request being made on my/our behalf, and that all the information provided in this application will be truthful, complete, and accurate for the request being made.
- I/We authorize the City staff to enter onto the site when necessary to evaluate the site in relationship to the application being made.
- I/We will cooperate with the City to provide all necessary application information reasonably required and/or requested by staff to allow for the proper review of the application.

Owner #1 Name:

Owner #1 Signature:

Owner #2 Name:

Owner #2 Signature:

Date:

### Abandoned Well Confirmation – Proposed Subdivision/Development Permit

(continued on page 2)

**\*\*Note\*\*** - The following section (continued on page 2) must be:

- Signed by the applicant at the time of application, and
- Submitted with a PRINTOUT OF THE MAP(S) from the AER WEBSITE that was used to confirm the absence/presence of abandoned well(s). (AER Website: <http://geodiscover.alberta.ca/geoportal/catalog/main/home.page>).
- The application will be considered incomplete if the abandoned gas well information is not submitted at the time of application.

**If abandoned wells are ABSENT within 30m of the proposed Subdivision/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 can advise 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 Subdivision/Development Permit site, please proceed to the Voluntary Waiver of Claims*

**If abandoned well(s) is/are PRESENT within 30m of the proposed Subdivision/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 can advise 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/ E-mail Address

**Name (Print):**

**Company Name (if applicable):**

**Date:**

**Signature:**

**Voluntary Waiver of Claims**

- This “Voluntary Waiver of Claims” allows the City of Medicine Hat to release the Development Permit for the Address of Property of Development (see page 1) to you so that you may commence development in advance of the appeal period expiry date (which ends 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 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. Do not commence development without first obtaining all the necessary permits.

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

**Name (Print):**

**Approval Date:**

**Date:**

**Signature:**