

How to use ePermit

ePermit is an online application system that is free for everyone to use. You can apply for permits, inspections and more, plus check the status of your existing applications.

Click below for help with:

Creating
**Your
Account**

How to
Pay fees

Applying for
**Development
Permit**

Applying for
**Building
Permit**

Requesting an
Inspection

Applying for
**Business
License**
or Contractor
License

Applying for
**Electrical
Permit**

Applying for
**Plumbing/
Water/Sewer
Permit**

Applying for
**Gas/HVAC
Permit**

Applying for
**Compliance
Certificate**

UserGuide rev.Aug2023

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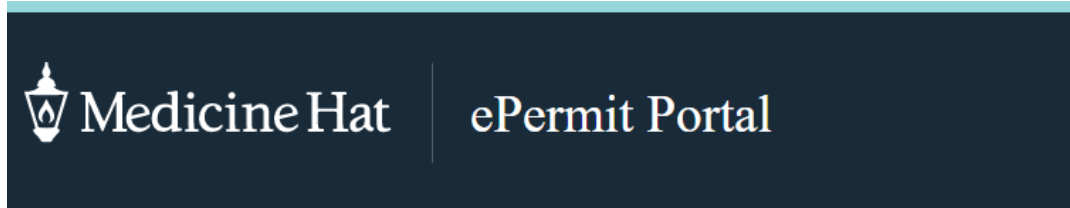
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Creating an ePermit Account

The first-time users access ePermit, they are required to register an account. This will be the login that is used to access permit and business license information going forward.

On the ePermit homepage, click Register.



[Sign In / Register](#) [Portal Home](#) [Search for a Property](#) [Portal Help](#)

WELCOME to ePermit. The City of Medicine Hat is committed to providing excep
IMPORTANT MESSAGE FOR ALL PORTAL USERS.

Refer to the series of helpful user guides available at www.medicinehat.ca/ePerm

Create an account using a valid email address and select a password.

1

2

3

Create Account

Contact Information

Registration Complete

Welcome to the ePermit Portal Registration

Please enter your email address and choose a password ☺

NOTE: The email address you enter is the email address that we will use to communicate with you regarding your account profile and services you request.

Email Address (this is your Login ID)*

It is important that you provide a valid, working email address that you have access to, as it must be verified before you can use your account.

Confirm Email Address*

Please re-enter your valid email address.

Password (min. 8 characters)*

Confirm Password*

Cancel

Next Step: Contact Information

If the account is for an existing Contractor or Business License, select “Yes” on the appropriate type. You will be prompted to enter your license number.

If the email used for registration is already associated with an existing license, the following steps will happen automatically.

- **Contractor License** – Required for pulling Safety Codes permits as part of their work, license numbers start with *LCC*.

- **Business License** – All other Businesses doing work in the city limits, license number starts with *LCB*.

If you are unsure of your license number or whether this step is required, select “No”. If needed an account can be linked to a license later.

If your license number that is entered is valid, select “Register as this Business”. The account will be created using the existing information provided on the license.

1

2

3

Create Account

Contact Information

Registration Complete

Contact Information

Would you like to associate your account with an existing Contractor license? **No**

Would you like to associate your account with an existing Business license? **Yes**

Enter your license or issuance number:

License or issuance number:

LCB202200293 Search

Note: Only a single account may be associated with a business or contractor

Click on the license to create a portal account linked to that license.

Test license

84 SHANNON CRES SE

Register as this Business

If you do not wish to link an existing license to your portal account, click the 'Create a New Contact' button, to enter new contact information.

Cancel Create a New Contact

If you do not have your business license number, or if you are registering as a personal user, you will be prompted to enter your contact information.

1

2

3

4

Create Account

Contact Information

Enter Contact Information

Registration Complete

New Contact Information

Required information is indicated with an asterisk (*).

Full Name:*

Preferred Contact Method:*

Address

Search for address

Begin typing a street address or Parcel Number above and we will search existing locations within the jurisdiction. If your location appears, please select it from the list.

When complete, enter the captcha image and select "Complete Registration"



Refresh

Type the characters you see in the image above to continue:*

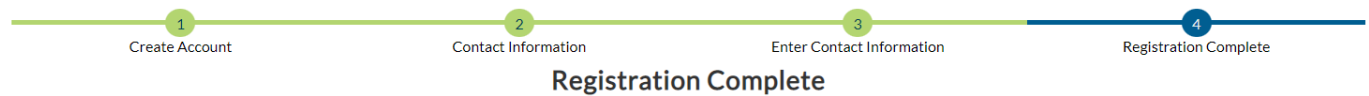
6T9RH

Previous Step: Contact Information

Next Step: Complete Registration

A confirmation email will be sent to the provided email address. If you do not receive the email, please check your junk mail and spam folders before contacting Planning & Development Services for assistance.

[Sign In / Register](#) [Portal Home](#) [Search for a Property](#) [Portal Help](#)



Your new account was created successfully.

A confirmation email has been sent to . Please allow up to 30 minutes for the email to arrive. Please click on the hyperlink contained in the email to activate your account.

Paying Fees in ePermit

All active permit and license applications can be found by clicking on “My Items” and then selecting on the appropriate application type.

Applications with pending fees will have a Pay Fees button available.

My Permit Applications ☺

Show Active ▼				
Reference Number ±↑	Address ±↑	Type ±↑	Status ±↑	Date Created ±↑
PREL202300912	580 1 ST SE, Medicine Hat, AB T1A8E6 Description: TEST ELECTRICAL PERMIT	Electrical	Pending	05/04/2023
<div>Pay Fees</div> <div>Upload Submittals</div> <div>Share</div>				

Clicking on Pay Fees will display a breakdown of the fees on the permit or license. Please note that all fees must be paid in full before a permit or license will be issued.

Selecting “Make Payment” will take the user to a 3rd Party Payment Processor to complete the payment.

Permit Application Fees

PREL202300912

Please select the fees you wish to pay now by checking the “Pay” checkbox on the fees below.

Select All Fees Deselect All Fees				
Fee Type	Amount	Amount Paid	Pay?	
Basement Development (Electrical)	\$111.30	\$0.00	<input checked="" type="checkbox"/>	
Safety Codes Council Fee	\$4.50	\$0.00	<input checked="" type="checkbox"/>	
Totals:	\$115.80	\$0.00		
Total Selected:	\$115.80			

Cancel Make Payment

Fill out payment information as required. Accepted payment methods include Visa, Mastercard, Visa Debit, Mastercard Debit.

If for any reason you need to navigate away from the payment page, please use the Back button at the bottom of the screen. DO NOT use the back arrow on your browser, as it may leave the fee unable to be paid for a period of a time.

When ready to proceed, please press Checkout.

Order Summary

Total **\$115.80**

Back Checkout

Requesting an Inspection

Finding the permit to request an inspection on ePermit can be done in one of two ways:

Request an Inspection from the Home Page (if you know the permit number)

Click Request an Inspection under Safety Codes Services



Safety Codes Services

[Apply for a Permit](#)
[Request an Inspection](#)
[Application Search](#)
[Upload Submittals](#)

Enter the Permit number into the Search Bar and click Go!

Search for Permits ☺

Search:

PREL202300912

Go!

Begin typing a permit number, address, Parcel number or name/address of a contact on the permit and we will search existing permits. If the item you are searching for appears, please select it from the list. You must be a contact in order to view permit details.

This will take you directly to the inspection scheduling page.

Request an Inspection from My Items

Click "My Items" from the list under the header.

Click the arrow next to "My Permit Applications".

A full list of active permits will be shown, click the "Schedule Inspection" button on the permit in question.

Welcome Test License

[Sign Out](#)
[My Account](#)
[My Items](#)
[Portal Home](#)
[Search for a Property](#)
[Portal Help](#)

My Items

Expand All | Collapse All

My Business License Applications ☺

My Contractor License Applications ☺

My Permit Applications ☺

Show Active ▼

Reference Number ↕	Address ↕	Type ↕	Status ↕	Date Created ↕
PREL202300912	580 1 ST SE, Medicine Hat, AB T1A8E6 <u>Description:</u> TEST ELECTRICAL PERMIT	Electrical	Issued	05/04/2023
<div> Schedule Inspection Share </div>				

[Apply for a Permit](#)

A full list of inspections on the permit will be shown, select the required inspection to proceed.

Please select an inspection to schedule

Search for inspections

☒ Rough-in (prior to covering)

☐ Final

Cancel Next Step: Date and Time

Available dates for inspections can be chosen under the Select a Date field. Inspections may be booked for the next day if the inspection request is made prior to 1:00pm. Holidays and weekends are not available for inspection booking.

May

2023

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Select a Time Frame – Planning and Development Services does not allow for time specific inspections but will attempt to accommodate requests based on either Morning (AM) or Afternoon (PM) inspections.

Select a Time Frame:

AM

PM

Notes – Any additional requests or details for the inspector must be included in the Notes field. These could include details like telephone numbers, on-site contacts, or lockbox codes.

Notes:

Lockbox code is 1234.

Enter the Captcha and hit “Next Step: Complete”



Refresh

Type the characters you see in the image above to continue:*

W3DD

Previous Step: Select an Inspection

Next Step: Complete

Scheduling Complete

You will see a confirmation page that your request has been received. This is not confirmation that the inspection has been scheduled, as it still needs to be reviewed and assigned by Planning & Development staff. An email will be sent to the email addresses on file when the booking has been confirmed.

Schedule an Inspection - Complete

PREL202300912

Your inspection date has been requested. You will be notified once the inspection has been scheduled. Please call the 403-529-8374 if you would like to change or cancel the requested inspection.


Details ☺

Inspection Type: Rough-in (prior to covering)
 Inspection Location: 580 1 ST SE, Medicine Hat, AB T1A8E6
 Notes: Lockbox code is 1234.
 Date Requested: 05/12/2023
 Time Frame: PM

If for any reason, the inspection request needs to be cancelled, changed, or additional instructions need to be provided, please call Planning & Development Services at 403-529-8374 or email pbe@medicinehat.ca

Viewing Inspection Results

Inspection results and Site Inspection Reports are visible in ePermit under the permit details. Navigate to the permit by selecting "My Items" and then "My Permit Applications". Click on the Reference Number of the permit in question.

Reference Number 
PREL202300912
<div> <div>Schedule Inspection</div> <div>Share</div> </div>

Scroll down to the section of the page labelled Inspections. The inspection outcome will be visible, as well as any required corrections or comments. For an inspection outcome where a re-inspection is required, a new version of the inspection showing the outstanding corrections should be present on the list.

Inspections ☺

Inspection	Outcome	Requested	Scheduled	Date Inspected
Final	Pending	Schedule?		
Inspector:				
Rough-in (prior to covering)	Pending	Schedule?		
Inspector:				
Corrections: <div> <u>Correction 1:</u> Panel Directories <u>Status:</u> Outstanding <u>Date Status Changed:</u> 05/04/2023 <u>Comments:</u> Complete all panel directories as required (Rule 2-100). </div>				
Rough-in (prior to covering)	Failed	5/12/2023 (PM)	5/12/2023	05/04/2023
Inspector: Keith Friesen				
Corrections: <div> <u>Correction 1:</u> Panel Directories <u>Status:</u> Carried Forward <u>Date Status Changed:</u> 05/04/2023 <u>Comments:</u> Complete all panel directories as required (Rule 2-100). <u>Recommendations:</u> Panel has not been labelled correctly </div>				

PLEASE NOTE

Due to inspections being conducted in the field and the difficulties in maintain a reliable connection, there may sometimes be a short delay between when an inspection is completed at the site and when the result is available on ePermit.

Site Inspection Reports and Permit Services Reports

Site Inspection Reports and Permit Services Reports are available in PDF format through the Permit Application Status page. Available files are located under the Documents and Images section and can be accessed at any time.

Documents & Images ☺

Date Uploaded	File Type	Name
	Permit	PREL202300912 - CV - PERMITS TEMPLATE.PDF - 580 1 ST SE, MEDICINE HAT, AB T1A8E6 MEDICINE HAT, AB T1A8E6
	Report	PREL202300912 - CV - SITE INSPECTION REPORT .PDF - 580 1 ST SE, MEDICINE HAT, AB T1A8E6 MEDICINE HAT, AB T1A8E6

Applying for a Development Permit

Project Description

Give the project a name and a description (Project Name should include the address and what is being done; Comments can include a longer description of the work being completed)

Choose the project type:*

Development Permit

Project Descriptive Name:*

123 Fake Street - Garage

Comments:*

New Detached Garage

If you are the property owner of the proposed development, contact information provided in your ePermit registration will be used for the project. If you are an Agent (Contractor, Architect, etc.) applying on behalf of the owner, you will be asked to provide property owner information.

▼ Owner Information

Are you an Agent applying on the Owner's behalf?:*

Yes

▼ Owner Information Conditional

Owner Name:*

Joe Owner

Owner Phone Number:*

403-123-4567

Owner Email Address:

joe@email.com

Owner Mailing Address:









123 Fake Street SE, Medicine Hat AB

Permit Types

Select the Type of development that best fits your proposed project. If you are unsure about the type of application you should be applying for, please click the ? for more information, or contact the office to speak to a Planner.

Planning Types ☺

Please choose the appropriate item for your project.

-  ☐ Free Standing Sign
-  ☐ Home Business - Major
-  ☐ Home Business - Minor
-  ☐ New Multi-Dwelling Residential
-  ☐ Non-Residential Patio
-  ☒ Residential Accessory Building
-  ☐ Residential Addition
-  ☐ Retaining Wall

Permit Type Settings

Depending on the type of Development Permit being applied for, you may be asked to provide additional information about the project.

Residential Accessory Building ☺

Proposed Height (m):

Proposed Area (sq m):

Location

You will be prompted to identify the address of the project. Addresses can be searched for using the following format: *Street Number Street Name, Unit Number, City*.

If you are unable to locate or are unsure about the address of the project, or if the project contains multiple addresses, please contact Planning & Development Services at 403-529-8374 for assistance.

Search for an address:

123

4 SOUTHLANDS BLVD SE, Unit:123, Medicine Hat
22 PARK MEADOWS DR SE, Unit:123, Medicine Hat
25 VISCOUNT AVE SW, Unit:123, Medicine Hat
29 RIVER RIDGE DR NW, Unit:123, Medicine Hat
123 1 ST NW, Medicine Hat, AB T1A6H2

Contacts

Contact information on the permit is generated automatically, and nothing is required to be entered by the applicant at this time.

Development Permit Application - Contacts

TMPPL20230000295

Required information is indicated with an asterisk (*).

Type	Contact
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Applicant	Test License, Address:84 SHANNON CRES SE

Previous Step: Location

Next Step: Upload Files

Upload Files

Required supporting documents are determined based on the type of Development Permit being applied for. For additional information regarding each submittal type, click the ? icon next to the relevant item.

Submittal Documents must be:

- broken out by type and uploaded to the corresponding submittal type.
- uploaded a single time only (do not upload the same document to each submittal)
- legible and contain the required information.
- in an accepted file format (PDF, DOCX, JPG).

Use the Browse button to select the document to be uploaded from your computer. If required, multiple documents can be uploaded for each submittal type.

Submittal #1) Planning (05/03/2023)

Print Requirement Items

Type	Status	Date Verified
<div> <div>📎 Elevation Drawings ?</div> <div>Pending</div> </div> <div> <p>Select a new document for this requirement:</p> <div>Browse..</div> <div>Elevation Drawings.pdf Cancel</div> </div> <div> <p>Provide a short description of this set of documents:</p> <div>Elevation drawings for garage</div> </div>		

Note: The application will allow you to proceed without all documents being uploaded, however failure to submit a complete application will result in the rejection of the application and will delay review of the permit.

Review & Submit

A summary of submitted permit information will be displayed for your review; look this over carefully and return to the relevant step to fix any errors at this time.

Development Permit Application - Review & Submit

TMPPL20230000298

Please review the information below and if it is correct, press the submit application button to submit your application.

Development Permit Information ☺

Project Descriptive Name: 123 Fake Street - Garage

Project Type: Development Permit

Application Types: Residential Accessory Building

Comments: Garage

Locations: Address
3 12 AVE SW, Medicine Hat, AB T1A8B6

Property
0017960650

Contacts: Property Owner
Not shown for privacy reasons

Property Owner
Not shown for privacy reasons

Property Owner
Not shown for privacy reasons

Applicant
Test License, Address:84 SHANNON CRES SE

You will be presented with several Declarations and Waivers; read these over and indicate whether you agree. These declarations take the place of a written signature on the application, and failure to abide by any of the conditions may result in the permit being cancelled.

~ I understand that I am required to sign this application, and I hereby agree that by selecting YES, I intend it to have the same effect as my written signature.

I Agree:*

Yes

~ 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:

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.

I have read, understood and agree to the Declaration of Agent's Authorization:*

Yes

~ 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

Complete the captcha and click Submit Application

Submitted

Once the application has been submitted, you will receive a Project Number (PLDP20XXXXXX). Please refer to this project number in any further correspondence you have with Planning & Development Services staff.

Development Permit Application - Submitted

Project Number: PLDP20230292

[Print This Page](#)

Thank you, your application has been received for processing. Fees are estimated only. Please visit Planning & Development Services (2nd Floor, City Hall at 580 First Street SE, Medicine Hat, Alberta) to pay the applicable application fees. Please note that your application will not be reviewed until such time as all applicable fees have been paid in full.

Development Permit Information ⓘ

Project Descriptive Name: 123 Fake Street - Garage
 Project Type: Development Permit
 Application Types: Residential Accessory Building
 Comments: Garage
 Locations: Address
 3 12 AVE SW, Medicine Hat, AB T1A8B6
 Property
 0017960650

Reviewing Status and Uploading Additional Information

To review the status of your application, to upload additional submittals, or to pay fees, applications can be found by clicking on My Items – My Development Permit Applications. (Fees will not be available for payment until the permit review has been completed. You will be contacted when this is the case)

Welcome Test License

[Sign Out](#) [My Account](#) [My Items](#) [Portal Home](#) [Search for a Property](#) [Portal Help](#)

My Items

[Expand All](#) | [Collapse All](#)

My Business License Applications ⓘ

My Contractor License Applications ⓘ

My Permit Applications ⓘ

My Planning Applications ⓘ

My Development Permit Applications ⓘ

Show Active ▼

Reference Number ↕	Address ↕	Type ↕	Status ↕	Date Created ↕
PLDP20230292	3 12 AVE SW, Medicine Hat, AB T1A8B6 <u>Name:</u> 123 Fake Street - Garage	Development Permit	Open	05/03/2023
<div> <div>Upload Submittals</div> <div>Share</div> </div>				

Applying for a Building Permit

Permit Description and Type

Select "Building" as the application type and indicate the nature of the work being done. Describe the work being done, being sure to include all relevant details.

Choose the application type:*

Building

Please categorize the nature of the work being done:*

New construction

Please describe the work being done:*

Construction of a new restaurant.

Limit 4000 characters

Commercial Permits

Commercial permit applications will request information regarding:

- Area of Construction
- Building Use/Occupancy Classification
- Sprinklers
- Fire Alarm
- Energy Code details

If this information is not relevant to the current application, leave the fields blank. If you have access to any of this information, please enter it now as this will assist in the application review process.

Commercial Application Details

Area of Construction (Sq Ft):

1,000.00

Total Building Area Footprint (Sq Ft):

1,000.00

Number of Streets the Building Faces:

1

Existing Building Use? (if known):

A2 - Daycare, restaurant, church

Occupancy Classification:

A2 - Daycare, restaurant, church

Sprinkler

Building is fully Sprinklered:

No

Owner Information

If you are applying on behalf of the property owner or a lessee, enter their information in the provided fields. If you are a property owner applying on your own behalf, contact information will be pulled from your ePermit registration.

Owner Information Conditional

Owner/Lessee Name: *

Owner/Lessee Phone Number: *

Owner/Lessee Mailing Address:

Owner/Lessee Email Address:

Contractor Information

If the applicant will not be completing the work themselves, they are required to indicate the contractor responsible for overseeing the project. In order to do work in Medicine Hat, any Contractor must have a valid Contractor's License.

Contractor Information (Building Permits)

Is a Contractor doing the building permit work?: *

Yes

List Contractor(s):

Pete's Construction

Work Items

Select all work items that are relevant to the work being completed under the permit. If you are unsure about the work items you should be applying for, please click the ? for more information or contact the office to speak to a Safety Codes Officer.

Building Permit ☺

Please choose as many work items as are appropriate.

?
☐
Above Ground Swimming Pool

?
☐
Attached Accessory Roof Area

?
☒
Attached Garage

?
☒
Basement Development

?
☐
Basement Framing

?
☐
Building Foundation Only (Manufactured, Modular or Relocated Home)

?
☐
Covered Decks/Entry

Description of Work

You will be asked to provide additional details about each work item selected. This will typically include the quantity, either in square footage or construction value, and a space for an additional description. Include relevant details, such as a list of rooms being added or other features being installed, in the work item description.

Building Permit Work Items ☺

Attached Garage

SQ FT:*

400

Description:

Attached heated garage with a sink

Basement Development

SQ FT:*

800

Description:

2 bedrooms, 1 bathroom, living room

Location

You will be prompted to identify the address of the project. Addresses can be searched for using the following format: *Street Number Street Name, Unit Number, City*.

If you are unable to locate or are unsure about the address of the project, or if the project contains multiple addresses, please contact Planning & Development Services at 403-529-8374 for assistance.

Search for an address:

123

4 SOUTHLANDS BLVD SE, Unit:123, Medicine Hat

22 PARK MEADOWS DR SE, Unit:123, Medicine Hat

25 VISCOUNT AVE SW, Unit:123, Medicine Hat

29 RIVER RIDGE DR NW, Unit:123, Medicine Hat

123 1 ST NW, Medicine Hat, AB T1A6H2

Contacts

Contact information on the permit is generated automatically, and nothing is required to be entered by the applicant at this time.

Permit Application - Contacts

TMPPR20230000872

Required information is indicated with an asterisk (*).

Type	Contact
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Applicant	Cityview Test, Address:580 1 ST SE, Phone:(403) 529-8374

Upload Documents

Required supporting documents are determined based on the type of Building Permit and the Work Items being applied for. For additional information regarding each submittal type, click the ? icon next to the relevant item.

Submittal Documents must be:

- broken out by type and uploaded to the corresponding submittal type.
- uploaded a single time only (do not upload the same document to each submittal)
- legible and contain the required information.
- in an accepted file format (PDF, DOCX, JPG).

Use the Browse button to select the document to be uploaded from your computer. If required, multiple documents can be uploaded for each submittal type.

Submittal #1) Permitting (05/17/2023)

[Print Requirement Items](#)

Type	Status	Date Verified
<input checked="" type="checkbox"/> Application Form ?	Pending	
Select a new document for this requirement: <input type="button" value="Browse.."/>		
<input checked="" type="checkbox"/> Site Plan ?	Pending	
Select a new document for this requirement: <input type="button" value="Browse.."/>		
<input checked="" type="checkbox"/> Engineered Wood Package ?	Pending	
Select a new document for this requirement: <input type="button" value="Browse.."/>		
<input checked="" type="checkbox"/> Architectural Drawings ?	Pending	
Select a new document for this requirement: <input type="button" value="Browse.."/>		
<input checked="" type="checkbox"/> Exterior Wall Claddings of Part 9 Buildings - Form C ?	Pending	
Select a new document for this requirement: <input type="button" value="Browse.."/>		

Note: The application will allow you to proceed without all documents being uploaded, however failure to submit a complete application will result in the rejection of the application and will delay review of the permit.

Review & Submit

A summary of submitted permit information will be displayed for your review; look this over carefully and return to the relevant step to fix any errors at this time.

Permit Application - Review & Submit

TMPPR20230000872

Please review the information below and if it is correct, press the submit application button to submit your application.

Permit Information ☺

Permit Type: Building
 Category of Work: New construction
 Description of Work: Construction of a new restaurant.
 Locations: Address
 580 1 ST SE, Medicine Hat, AB T1A8E6
 Property
 0015065734
 Contacts: Property Owner
 Not shown for privacy reasons
 Property Owner
 Not shown for privacy reasons
 Property Owner
 Not shown for privacy reasons
 Property Owner
 Not shown for privacy reasons
 Property Owner
 Not shown for privacy reasons
 Property Owner
 Not shown for privacy reasons
 Applicant
 Cityview Test, Address:580 1 ST SE, Phone:(403) 529-8374

You will be presented with several Declarations and Waivers; read these over and indicate that you agree. These declarations take the place of a written signature, and failure to abide by any of the conditions may result in the permit being cancelled.

▼ I understand that I am required to sign this application, and I hereby agree that by selecting YES, I intend it to have the same effect as my written signature.

I Agree:*

Yes

▼ 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 Permit application on their behalf. I further declare that:

- 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 Permit application.

I have read, understood and agree to the Declaration of Agent's Authorization:*

Yes



Refresh

Type the characters you see in the image above to continue:*

56HS

Complete the captcha and click Submit Application

Submitted

Once the application has been submitted, you will receive a Project Number (PRBD20XXXXXX). Please refer to this project number in any further correspondence you have with Planning & Development Services staff.

Reviewing Status and Uploading Additional Information

To review the status of your application, to upload additional submittals, or to pay fees, applications can be found by clicking on My Items – My Permit Applications. (Fees will not be available for payment until the permit review has been completed. You will be contacted when this is the case)

My Permit Applications ☺

Show Active ▼

Reference Number ↕	Address ↕	Type ↕	Status ↕	Date Created ↕
TMPPR20230000714	<u>Description:</u> Garage	Building	Not Submitted	05/10/2023
<div>Resume this Application Discard this Application</div>				
PRBD202300915	84 SHANNON CRES SE, Medicine Hat, AB T1B4G3 <u>Description:</u> Garage	Building	Pending	05/10/2023
<div>Upload Submittals Share</div>				
PREL202300888	2167 BRIER PARK PL NW, Medicine Hat, AB T1C1S7 <u>Description:</u> INDUSTRIAL ELECTRICAL IMPROVEMENTS: CHANGE OUT LIGHTING TO LED IN MOST AREAS	Electrical	Issued	04/27/2023
<div>Share</div>				
PRBD202300834	99 SUNSET DR SW, Medicine Hat, AB T1B4T8 <u>Description:</u> DECK MODIFICATIONS: ENCLOSE EXISTING COVERED DECK	Building	Issued	04/20/2023
<div>Schedule Inspection Share</div>				

Applying for an Electrical Permit

Permit Description and Type

Select “Electrical” as the application type, and indicate the nature of the work being done. Describe the work being done, being sure to include all relevant details.

Choose the application type:*

Electrical

Please categorize the nature of the work being done:*

Alteration and improvements

Please describe the work being done:*

Wiring for a basement renovation

Limit 4000 characters

Owner & Contractor Information

If you are applying on behalf of the property owner or a lessee, enter their information in the provided fields. If you are a property owner applying on your own behalf, contact information will be pulled from your ePermit registration.

Owner Information Conditional

Owner/Lessee Name:*

Joe Owner

Owner/Lessee Phone Number:*

403-123-4567

Owner/Lessee Mailing Address:

123 Fake Street

Owner/Lessee Email Address:

joe@email.com

Work Items

Please enter information relating to the electrical work being performed. If applicable, this will also include the Master Electrician name and certificate number. Please enter all information to the best of your ability, as incomplete information may delay permit issuance.

Electrical Permit ⓘ

Master Electrician Name: *

Joe Electrician

Certificate: *

M1234

Voltage: *

120/240

Amps: *

100

Phase: *

1

Select all work items that are relevant to the work being completed under the permit. If you are unsure about the work items you should be applying for, please click the ? or contact the office to speak to a Safety Codes Officer.

Please choose as many work items as are appropriate.

Search for work items

☒ Basement Development

☐ Detached Garage

☐ Duplex

☐ Hot Tub/Whirlpool

☐ Panel Change

☐ Service Upgrade

☐ Single Family

Description of Work

You will be asked to provide additional details about each work item selected. This will typically include the quantity, either in square footage or construction value, and a space for an additional description. Include relevant details, such as a list of rooms being added or other features, in the work item description.

Electrical Permit Work Items ☺

Basement Development

QTY:*

Description:

2 bedrooms, bathroom, and hallway.

Previous Step: Work Items

Next Step: Location

Location

You will be prompted to identify the address of the project. Addresses can be searched for using the following format: *Street Number Street Name, Unit Number, City.*

If you are unable to locate or are unsure about the address of the project, or if the project contains multiple addresses, please contact Planning & Development Services at 403-529-8374 for assistance.

Search for an address:

4 SOUTHLANDS BLVD SE, Unit: **123**, Medicine Hat

22 PARK MEADOWS DR SE, Unit: **123**, Medicine Hat

25 VISCOUNT AVE SW, Unit: **123**, Medicine Hat

29 RIVER RIDGE DR NW, Unit: **123**, Medicine Hat

123 1 ST NW, Medicine Hat, AB T1A6H2

Contacts

Contact information on the permit is generated automatically, and nothing is required to be entered by the applicant at this time.

Permit Application - Contacts

TMPPR20230000872

Required information is indicated with an asterisk (*).

Type	Contact
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Applicant	Cityview Test, Address:580 1 ST SE, Phone:(403) 529-8374

Upload Documents

Electrical Permits require an Electrical Load Calculation in order to ensure sufficient capacity exists for the work being performed. A copy of the Calculation form can be found by clicking the ? icon next to the relevant item.

Current Submittal ☺

Submittal #1) Permitting (08/18/2023)

[Print Requirement Items](#)

Type	Status	Date Verified
☺ Electrical Load Calculation ?	Pending	
Select a new document for this requirement: <input type="button" value="Browse.."/>		

Use the Browse button to select the document to be uploaded from your computer. If required, multiple documents can be uploaded for each submittal type.

Note: The application will allow you to proceed without all documents being uploaded, however failure to submit a complete application will result in the rejection of the application and will delay review of the permit.

Review & Submit

A summary of submitted permit information will be displayed for your review; look this over carefully and return to the relevant step to fix any errors at this time.

Permit Application - Review & Submit

TMPPR20230001660

Please review the information below and if it is correct, press the submit application button to submit your application.

Permit Information ⓘ

Permit Type: Electrical
 Category of Work: Alteration and improvements
 Description of Work: Wiring for a basement renovation
 Locations: Address
 580 1 ST SE, Medicine Hat, AB T1A8E6
 Property
 0015065734
 Contacts: Property Owner
 Not shown for privacy reasons
 Property Owner
 Not shown for privacy reasons
 Property Owner
 Not shown for privacy reasons
 Property Owner
 Not shown for privacy reasons
 Property Owner
 Not shown for privacy reasons
 Property Owner
 Not shown for privacy reasons
 Applicant
 Cityview Test, Address:580 1 ST SE, Phone:(403) 529-8374

You will be presented with several Declarations and Waivers; read these over and indicate that you agree. These declarations take the place of a written signature, and failure to abide by any of the conditions may result in the permit being cancelled.

▼ I understand that I am required to sign this application, and I hereby agree that by selecting YES, I intend it to have the same effect as my written signature.

I Agree:*

Yes

▼ 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 Permit application on their behalf. I further declare that:

- 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 Permit application.

I have read, understood and agree to the Declaration of Agent's Authorization:*

Yes



Refresh

Type the characters you see in the image above to continue:*

56HS

Complete the Captcha and click Submit Application

Note for Homeowners

Homeowners may apply for electrical permits on properties they own and reside in, provided they agree to abide by additional conditions. Please read and understand the conditions before applying.

HOME OWNER PERMIT FOR THE ELECTRICAL DISCIPLINE, THE FOLLOWING CONDITIONS APPLY:

1. IF YOU HAVE NO previous knowledge or experience with the undertaking, you should engage a Licensed Contractor who is eligible to apply for permits. Experience has shown that persons not familiar with the current construction Codes and regulations, often complete work which may require extensive corrections upon inspection that must be repaired to ensure compliance.
2. DO NOT apply for an home owner permit unless you own the premises (including the land) and reside thereon (cannot be a rental property or a house with a Secondary Suite).
3. DO NOT apply for a home owner permit if the undertaking involves any of the following restrictions undertakings:
 - o Use of non-standard wiring materials, or
 - o A new service, or
 - o Upgrading an existing service panel, or
 - o Upgrading and existing service, or
 - o Three Phase, or
 - o Over 150 volts to ground, or
 - o Hot tubs and/or swimming pools, or
 - o PVC Photoelectric Solar Panels Systems.
4. DO NOT apply for a home owner permit unless you intend to complete the undertaking personally in accordance with applicable Safety Regulations and Codes.

In addition, it must be emphasized that the person completing the permit application assumes the responsibility for ensuring that the undertaking is completed in a safe manner in accordance with the Safety Codes Act and its Regulations and Codes and does not create an unsafe condition.

I agree to the conditions and restrictions noted above and confirm that I am the owner and reside at the address of this application.:

Submitted

Once the application has been submitted, you will receive a Project Number (PREL20XXXXXX). Please refer to this project number in any further correspondence you have with Planning & Development Services staff.

Reviewing Status and Uploading Additional Information

To review the status of your application, to upload additional submittals, or to pay fees, applications can be found by clicking on My Items – My Permit Applications. (Fees will not be available for payment until the permit review has been completed. You will be contacted when this is the case)

My Permit Applications ☺

Show Active ▾

Reference Number ±↑	Address ±↑	Type ±↑	Status ±↑	Date Created ±↑
TMPPR20230000714	Description: Garage	Building	Not Submitted	05/10/2023
<div>Resume this Application</div> <div>Discard this Application</div>				
PRBD202300915	84 SHANNON CRES SE, Medicine Hat, AB T1B4G3 Description: Garage	Building	Pending	05/10/2023
<div>Upload Submittals</div> <div>Share</div>				
PREL202300888	2167 BRIER PARK PL NW, Medicine Hat, AB T1C1S7 Description: INDUSTRIAL ELECTRICAL IMPROVEMENTS: CHANGE OUT LIGHTING TO LED IN MOST AREAS	Electrical	Issued	04/27/2023
<div>Share</div>				
PRBD202300834	99 SUNSET DR SW, Medicine Hat, AB T1B4T8 Description: DECK MODIFICATIONS: ENCLOSE EXISTING COVERED DECK	Building	Issued	04/20/2023
<div>Schedule Inspection</div> <div>Share</div>				

Applying for a Plumbing/Gas/Water & Sewer Permit

Permit Description and Type

Select the required permit type, and indicate the nature of the work being done. Describe the work being done, being sure to include all relevant details.

Choose the application type:*

Gas

Please categorize the nature of the work being done:*

Alteration and improvements

Please describe the work being done:*

Gas for new BBQ on rear deck

Limit 4000 characters

Owner & Contractor Information

If you are applying on behalf of the property owner or a lessee, enter their information in the provided fields. If you are a property owner applying on your own behalf, contact information will be pulled from your ePermit registration.

Owner Information Conditional

Owner/Lessee Name:*

Joe Owner

Owner/Lessee Phone Number:*

403-123-4567

Owner/Lessee Mailing Address:

123 Fake Street

Owner/Lessee Email Address:

joe@email.com

Work Items

Please enter information relating to the work being performed. If applicable, this will also include the permit holder name and certificate number. Please enter all information to the best of your ability, as incomplete information may delay permit issuance.

Gas Permit ☺

Total BTUs:

6,000

Permit Holder Name:*

Joe Gasfitter








Certificate Number:*

1234

Select all work items that are relevant to the work being completed under the permit. If you are unsure about the work items you should be applying for, please click the ? or contact the office to speak to a Safety Codes Officer.

Please choose as many work items as are appropriate.

Search for work items

	<input checked="" type="checkbox"/> Barbeque
	<input type="checkbox"/> Boiler
	<input type="checkbox"/> Deep Fat Fryer
	<input type="checkbox"/> Furnace
	<input type="checkbox"/> Garage Heater
	<input type="checkbox"/> Gas Fireplace
	<input type="checkbox"/> Hot Water Heater

Description of Work

You will be asked to provide additional details about each work item selected. This will typically include the quantity, amount of BTUs or construction value, and a space for an additional description.

Furnace

QTY: *

1

Description:

Manufacturer:

Armstrong

Model Number:

1234567989

BTUs:

70,000

Minimum Performance:

95

Location

You will be prompted to identify the address of the project. Addresses can be searched for using the following format: *Street Number Street Name, Unit Number, City*.

If you are unable to locate or are unsure about the address of the project, or if the project contains multiple addresses, please contact Planning & Development Services at 403-529-8374 for assistance.

Search for an address:

123

4 SOUTHLANDS BLVD SE, Unit:123, Medicine Hat

22 PARK MEADOWS DR SE, Unit:123, Medicine Hat

25 VISCOUNT AVE SW, Unit:123, Medicine Hat

29 RIVER RIDGE DR NW, Unit:123, Medicine Hat

123 1 ST NW, Medicine Hat, AB T1A6H2

Contacts

Contact information on the permit is generated automatically, and nothing is required to be entered by the applicant at this time.

Permit Application - Contacts

TMPPR20230000872

Required information is indicated with an asterisk (*).

Type	Contact
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Applicant	Cityview Test, Address:580 1 ST SE, Phone:(403) 529-8374

Upload Documents

Most mechanical permits do not require additional documents to be submitted. Applicants are able to submit documents related to their project by selecting Browse under the Upload Additional Documents section.

Current Submittal ☺

Submittal #1) Permitting (08/18/2023)

Type	Status
There are no required submittal items.	

Upload Additional Documents ☺

Select any documents you wish to provide:

Browse..

Provide a short description of this set of documents:

Previous Step: Contacts

Next Step: Review & Submit

Note: The application will allow you to proceed without all documents being uploaded, however failure to submit a complete application will result in the rejection of the application and will delay review of the permit.

Review & Submit

A summary of submitted permit information will be displayed for your review; look this over carefully and return to the relevant step to fix any errors at this time.

Permit Application - Review & Submit

TMPPR20230001662

Please review the information below and if it is correct, press the submit application button to submit your application.

Permit Information ☺

Permit Type: Gas

Category of Work: Alteration and improvements

Description of Work: Gas for new BBQ on rear deck

Locations: Address
580 1 ST SE, Medicine Hat, AB T1A8E6

Property
0015065734

Contacts: Property Owner
Not shown for privacy reasons

Property Owner
Not shown for privacy reasons

Property Owner
Not shown for privacy reasons

Property Owner
Not shown for privacy reasons

Property Owner
Not shown for privacy reasons

Property Owner
Not shown for privacy reasons

Applicant
Cityview Test, Address:580 1 ST SE, Phone:(403) 529-8374

You will be presented with several Declarations and Waivers; read these over and indicate that you agree. These declarations take the place of a written signature, and failure to abide by any of the conditions may result in the permit being cancelled.

I understand that I am required to sign this application, and I hereby agree that by selecting YES, I intend it to have the same effect as my written signature.

I Agree:*

Yes

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 Permit application on their behalf. I further declare that:

- 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 Permit application.**

I have read, understood and agree to the Declaration of Agent's Authorization:*

Yes



Refresh

Type the characters you see in the image above to continue:*

56HS

Complete the Captcha and click Submit Application

Submitted

Once the application has been submitted, you will receive a Project Number (PRGS20XXXXXX). Please refer to this project number in any further correspondence you have with Planning & Development Services staff.

Reviewing Status and Uploading Additional Information

To review the status of your application, to upload additional submittals, or to pay fees, applications can be found by clicking on My Items – My Permit Applications. (Fees will not be available for payment until the permit review has been completed. You will be contacted when this is the case)

My Permit Applications ☺

Show Active				
Reference Number ±	Address ±	Type ±	Status ±	Date Created ±
TMPPR2023000714	Description: Garage	Building	Not Submitted	05/10/2023
Resume this Application Discard this Application				
PRBD202300915	84 SHANNON CRESSE, Medicine Hat, AB T1B4G3 Description: Garage	Building	Pending	05/10/2023
Upload Submittals Share				
PREL202300888	2167 BRIER PARK PL NW, Medicine Hat, AB T1C1S7 Description: INDUSTRIAL ELECTRICAL IMPROVEMENTS: CHANGE OUT LIGHTING TO LED IN MOST AREAS	Electrical	Issued	04/27/2023
Share				
PRBD202300834	99 SUNSET DR SW, Medicine Hat, AB T1B4T8 Description: DECK MODIFICATIONS: ENCLOSE EXISTING COVERED DECK	Building	Issued	04/20/2023
Schedule Inspection Share				

Applying for a Business/Contractor License

Business License vs Contractor License

Licenses in Medicine Hat are classified either as Business Licenses or Contractor Licenses:

- Contractor Licensing – Required for business classifications involved in the construction field that pull Safety Codes permits. (Construction, Electricians, Plumbing, etc.)
- Business Licensing – All other classifications. (Retail, Services, Restaurants, etc.)

If you are unable to find a classification that describes your business under one of the categories, please try the other option. For any questions regarding whether an application should be for a Business or Contractor license, please contact businesslicensing@medicinehat.ca or call 403-529-8374.



Development Permit

Apply for a Development Permit
Application Search
Upload Submittals



Business Licensing

Apply for a Business License
Business Search
Upload Submittals



Contractor Licensing

Apply for a Contractor License
Contractor Search
Upload Submittals
Renew a Contractor License



Property Information

Search for a Property

Applying for a License

Enter a Business Name and a detailed description of what your business does. The Business Name is what will be printed on your license and is what will be used in correspondence with Planning & Development Services.

Description of Business

Choose the license type:*

Business

Business Name:*

Joe's Business

Please describe what your business does:*

Selling hand-made decorative soap

License Details

Select a Business Category for your license. This is determined by the location where your business will be operating. Choices include:

- Commercial – Occupying a non-residential space within Medicine Hat City limits.
- Home Based – Business operating out of a residential address (a mobile business without a permanent commercial location will typically be considered a Home Based business)
- Non-Resident – Businesses doing work within city limits, whose permanent location is further than 35km away.
- Outside City Limits – Businesses doing work within city limits, whose permanent location is within 35 kms (Redcliff, Dunmore, Cypress County, etc.)

License Details

Business Category:

Commercial

Legal Name (if different from Business Name):

AB 12345678

Business Type:

General, Huckster

Primary Business at this Location (Commercial properties):

Yes

Commercial Property Information

You will be asked to provide some basic details regarding the commercial space the business will be occupying. This includes the property owner information, details regarding previous tenants in the space, whether the space is being shared with another business, or whether a renovation or new signage is required. These details are required to help determine whether the space is suitable for the business who will be occupying it, and whether further permits might be required.

Commercial Property Information

Property owner of business location:

Property Owner

Phone number of property owner (if known):

403-123-4567

Name of the business previously at this location (if applicable):

Frank's Computer Services

Will your business be sharing space with another business within one address?:

No

Will there be immediate renovations to the business space?:

No

Will you be installing new signage, or changing the size or location of existing signage?:

Yes

Will the creation of a new city address be required for your business?:

No

Home Based

Home Based businesses require a development permit for approval to be granted. Business Licensing staff will create a development permit application for the business based on the type of business being proposed, the number of employees or customers attending the residence, the number and type of commercial vehicles involved, and space required for storage.

▼ Home Based

Is the total area of your home based business working space over 10sq.m:

No

Will you have customers attending your Home Based Business:

Yes

If yes, how many customers will attending per week and at what time:

5-10 customers per week from 9:00am-5:00pm

Will there be any off-site employees attending this home based business:

No

Classifications

Select the Classification that best describes the type of work your business is engaged in; you may search for classification types using the search bar at the top of the list. If you are unable to find a classification that describes your business, please leave the section blank and one will be assigned to you during the license review process.

Classifications ☺

Please select one or more classifications that apply to your business.

retail

☒ Retail Sales

☐ Retail Store

[Previous Step: Business Name](#)
[Next Step: Classification Details](#)

Business Owner

Enter contact information for the owner of the business; if the ePermit applicant is the business owner, you can use the information provided during registration. Otherwise, enter details in the fields below.

☒ Use my name and address

Cityview Test
580 1 ST SE
Medicine Hat AB T1A8E6
pbe@medicinehat.ca

Primary: (403) 529-8374
Preferred Contact Method: Email

☐ Enter the owner name and address

Contact Information

This is the contact information for the business itself. If this information is the same as the Business Owner, it can be copied from the previous step. Otherwise, enter the contact information as requested.

Please enter the mailing address and contact numbers for your business. Correspondence with your business will be sent here.

[Copy from the Business Owner](#)

Mailing Address and Contact Numbers ☺

Preferred Contact Method:*

Email

Street Address:*

Additional Contacts

Select “Add New Contact” only if you’d like to have an additional person associated with the business license. This could be a Co-owner, Partner, or Manager who has authority to make decisions on behalf of the business.

Type	Contact
Business Owner	Cityview Test, Address:580 1 ST SE, Phone:(403) 529-8374

[Add New Contact](#)

Location of Business

You will be prompted to identify the address of the project. Addresses can be searched for using the following format: *Street Number Street Name, Unit Number, City*.

If you are unable to find the address, select the “Can’t find address?” button to enter details manually, and it will be reviewed by business licensing staff.

If the business is an Outside City Limits or Non-Resident business, please leave this section blank, as the contact information provided previously will be used for the location.

Search for an address:

3292 DUNMORE RD SE, Unit:101, Medicine Hat, AB T1B2R4

Begin typing a street address or Parcel Number above and we will search existing locations within the jurisdiction. If your location appears, please select it from the list.

Can't find address?

The location you have selected:

3292 DUNMORE RD SE, Unit:101, Medicine Hat, AB T1B2R4

Upload Documents

Required supporting documents are determined based on the type of License classification selected. These could be items such as Alberta Health Services Approval, AGLC licenses, Police Checks, or professional certifications. For additional information regarding each submittal type, click the ? icon next to the relevant item.



Submittal Documents must be:

- broken out by type and uploaded to the corresponding submittal type.
- uploaded a single time only (do not upload the same document to each submittal)
- legible and contain the required information.
- in an accepted file format (PDF, DOCX, JPG).

Use the Browse button to select the document to be uploaded from your computer. If required, multiple documents can be uploaded for each submittal type.

If you do not have the required document available at this time, it can be uploaded later. Please provide these documents as soon as possible, as they must be received prior to the license being issued.

Submittal #1) Licensing (05/17/2023)

Type
<div>  Alberta Health Services Approval  </div>
<p>Select a new document for this requirement:</p> <div>Browse..</div>

Review & Submit

A summary of the information provided in the application will be listed; please review this to ensure details are correct.

Please review the information below and if it is correct, press the submit application button to submit your application.

Business Information ☺

Business Name: Joe's Business

License Type: Business

Contacts: Business Owner
Cityview Test, Address:580 1 ST SE, Phone:(403) 529-8374

Locations: Address
3292 DUNMORE RD SE, Unit:101, Medicine Hat, AB T1B2R4

Property
0032141418

Purpose/Description of Business: Selling hand-made decorative soap

Classifications: Restaurant

License Details ☺

Business Category: Commercial

Legal Name (if different from Business Name): AB 12345678

Business Type: General, Huckster

Primary Business at this Location (Commerical properties): Yes

You will be presented with several Declarations and Waivers; read these over and indicate that you agree. These declarations take the place of a written signature, and failure to abide by any of the conditions may result in the license being cancelled.

I understand that I am required to sign this application, and I hereby agree that by selecting YES, I intend it to have the same effect as my written signature.

I Agree:*

Yes

DECLARATIONS

- I agree to abide by all of the following provisions of the City of Medicine Hat: Licensing Bylaw No. 2339, Land Use Bylaw No. 4168 and Safety Codes Permit Bylaw No. 4438, and any other City bylaw pursuant to which permits or approvals are issued, and**
- I am the owner, or have received authorization from all property owner(s), to operate a business at the location provided in this application, and**
- I acknowledge that a new application and associated fees are required for Home Business approval whenever you change your residence, intensify the use of the Home Business, or if any of the information on the previous application changes, and**
- I am at least 18 years of age, or have an agent at least 18 years of age to sign/authorize on my behalf, and**
- I acknowledge all information provided is true and correct, and understand that it has the same force and effect as if made under oath.**

I have read, understood and agree to the Business License Declarations:*

Yes



Refresh

Type the characters you see in the image above to continue:*

SX8T

Submitted

Once the application has been submitted, you will receive a License Number (LCB or LCC20XXXXXXX). Please refer to this project number in any further correspondence you have with Planning & Development Services staff.

Reviewing Status and Uploading Additional Information

To review the status of your application, to upload additional submittals, or to pay fees, applications can be found by clicking on My Items – My Business Licenses Applications. (Fees will not be available for payment until the permit review has been completed. You will be contacted when this is the case)

Welcome Cityview Test

[Sign Out](#) [My Account](#) [My Items](#) [Portal Home](#) [Search for a Property](#) [Portal Help](#)

My Items

[Expand All](#) | [Collapse All](#)

My Business License Applications ☺

Show Active ▼

Reference Number ↕	Name ↕	Address ↕	Status ↕	Date Created ↕
LCB2023000307	Test license		New	05/10/2023
<div>Upload Submittals</div> <div>Share</div>				

[Apply for a Business License](#)

Applying for a Compliance Certificate

The application for a Property Compliance can be found under Planning Department Applications. Select apply for a Planning Permit.



Planning Department

[Apply for a Planning Permit](#)
[Application Search](#)
[Upload Submittals](#)

Project Description

Select Property Compliance as the project type.

Enter a descriptive name (typically the address and compliance) and provide any additional comments.

Choose the project type:*

Property Compliance

Project Descriptive Name:*

123 Fake Street - Compliance

Please give your project a brief description. This will become the project name. Maximum 500 characters

Comments:*

Residential Compliance

Please add any additional comments about the project. Maximum 4000 characters

If applicable, enter your file number than can be referenced in future correspondence.

Compliance Detail

Applicant's File Number:

PC1234

Planning Types

Select the type of compliance request that is being applied for.

Planning Types ☺

Please choose the appropriate Item for your project.

Search for planning types

☒ Residential Low Density

☐ Residential Medium Density Or Non Residential

Previous Step: Project Description

Next Step: Planning Details

Location

You will be prompted to identify the address of the project. Addresses can be searched for using the following format: *Street Number Street Name, Unit Number, City*.

If you are unable to locate or are unsure about the address of the project, or if the project contains multiple addresses, please contact Planning & Development Services at 403-529-8374 for assistance.

Search for an address:

4 SOUTHLANDS BLVD SE, Unit:123, Medicine Hat
22 PARK MEADOWS DR SE, Unit:123, Medicine Hat
25 VISCOUNT AVE SW, Unit:123, Medicine Hat
29 RIVER RIDGE DR NW, Unit:123, Medicine Hat
123 1 ST NW, Medicine Hat, AB T1A6H2

Contacts

Contact information on the permit is generated automatically, and nothing is required to be entered by the applicant at this time.

Permit Application - Contacts

TMPPR20230000872

Required information is indicated with an asterisk (*).

Type	Contact
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Property Owner	Not shown for privacy reasons
Applicant	Cityview Test, Address:580 1 ST SE, Phone:(403) 529-8374

Upload Documents

Compliance requests require a current copy of a Real Property Report (RPR) and a Certificate of Title in order to be processed. If the request includes a letter including any additional information, it can also be uploaded at this time.

Submittal #1) Planning (08/22/2023)

[Print Requirement Items](#)

Type	Status	Date Verified
<input checked="" type="checkbox"/> Real Property Report (Current) ?	Pending	
Select a new document for this requirement: <input type="button" value="Browse.."/>		
<input checked="" type="checkbox"/> Certificate of Title (Current) ?	Pending	
Select a new document for this requirement: <input type="button" value="Browse.."/>		
<input checked="" type="checkbox"/> Letter ?	Pending	
Select a new document for this requirement: <input type="button" value="Browse.."/>		

Use the Browse button to select the document to be uploaded from your computer. If required, multiple documents can be uploaded for each submittal type.

Note: The application will allow you to proceed without all documents being uploaded, however failure to submit a complete application will result in the rejection of the application and will delay review of the permit.

Review and Submit

A summary of submitted permit information will be displayed for your review; look this over carefully and return to the relevant step to fix any errors at this time.

Planning Application - Review & Submit

TMPPL20230000721

Please review the information below and if it is correct, press the submit application button to submit your application.

Planning Information ☺

Project Descriptive Name: 123 Fake Street - Compliance
 Project Type: Property Compliance
 Application Types: Residential Low Density
 Comments: Residential Compliance
 Locations: Address
 123 1 ST NW, Medicine Hat, AB T1A6H2
 Property
 0037665172
 Contacts: Property Owner
Not shown for privacy reasons
 Property Owner
Not shown for privacy reasons
 Applicant
 Cityview Test, Address:580 1 ST SE, Phone:(403) 529-8374

Compliance Detail ☺

Applicant's File Number: PC1234

Residential Low Density ☺

No additional information was required for this planning type.

You will be presented with several Declarations and Waivers; read these over and indicate that you agree. These declarations take the place of a written signature, and failure to abide by any of the conditions may result in the permit being cancelled.

▼ I understand that I am required to sign this application, and I hereby agree that by selecting YES, I intend it to have the same effect as my written signature.

I Agree:*



Type the characters you see in the image above to continue:*

[Previous Step: Upload Files](#) [Submit Application](#)

[Save this Application for Later](#)

[Cancel Application](#)

Complete the Captcha and click Submit Application.

Submitted

Once the application has been submitted, you will receive an Application Number (PLPCM20XXXXXXX). Please refer to this project number in any further correspondence you have with Planning & Development Services staff.

Reviewing Status and Uploading Additional Information

To review the status of your application, to upload additional submittals, or to pay fees, applications can be found by clicking on My Items – My Planning Applications.

My Permit Applications ☺

[Show Active](#) ▼

Reference Number ±↑	Address ±↑	Type ±↑	Status ±↑	Date Created ±↑
TMPPR20230000714	Description: Garage	Building	Not Submitted	05/10/2023
Resume this Application Discard this Application				
PRBD202300915	84 SHANNON CRES SE, Medicine Hat, AB T1B4G3 Description: Garage	Building	Pending	05/10/2023
Upload Submittals Share				
PREL202300888	2167 BRIER PARK PL NW, Medicine Hat, AB T1C1S7 Description: INDUSTRIAL ELECTRICAL IMPROVEMENTS: CHANGE OUT LIGHTING TO LED IN MOST AREAS	Electrical	Issued	04/27/2023
Share				
PRBD202300834	99 SUNSET DR SW, Medicine Hat, AB T1B4T8 Description: DECK MODIFICATIONS: ENCLOSE EXISTING COVERED DECK	Building	Issued	04/20/2023
Schedule Inspection Share				