### NON-RESIDENTIAL DEVELOPMENT PERMIT APPLICATION





Planning & Development Services City of Medicine Hat 580 1st Street SE Medicine Hat, AB T1A 8E6 Phone (403) 529-8374 pbe@medicinehat.ca

Property Information				
Municipal Address:				
Applicant Information	Registered Landowner (if not the applicant)			
Name:	Name:			
Company Name:	Company Name:			
Mailing Address:	Mailing Address:			
Mailing Address:	Mailing Address.			
Phone:	Phone:			
Email:	Email:			
Are you the Registered Owner of the Property?				

#### **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"

#### **Abandoned Well Confirmation (\*Must be Completed)**

If the structure you are proposing is larger than 47m<sup>2</sup> (506 ft<sup>2</sup>), 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: <a href="https://extmapviewer.aer.ca/AERAbandonedWells/Index.html">https://extmapviewer.aer.ca/AERAbandonedWells/Index.html</a>

If abandoned wells are ABSENT within 25m of the proposed development permit site:					
I, out in the AER Directive absence of any abando				led by the Alberta Energy F I Wells, and declare that th	Regulator ("AER") as set le information shows the
Name (Print):		Company Name (if applicable):			
Date:			Signature:		
If no wells are present w	rithin 25m of the propo	sed development s	site, please p	proceed to the "Voluntary \	Naiver of Claims" section
If an abandoned well(s	) is/are PRESENT with	in 25m of the prop	osed develo	pment permit site:	
in the AER Directive 079 abandoned wells within have the Abandoned Wo with the well, a tempora	, Surface Development the proposed subdivision ell Locating and Testing ry or permanent identifi	in Proximity to Aba on/development ha g Protocol complete ication marker will b	indoned Wells is been conta ed in accordance oe placed on	ed by the Alberta Energy Res, and declare that the licer octed and exact well location not with the AER Directive abandoned wells prior to covelopment contains the follows.	nsee(s) responsible for all on determined in order to 079. To prevent contact onstruction, according to
AER (ERCB) License	Licensee Name	Licensed Surface Locatio (e.g., 04-20-052-23 W4N		Contact Person Name	Phone Number and Email Address
Name (Print):		Company Name (if applicable):			
Date:			Signature:		

# PROJECT DETAILS - COMMERCIAL OUTDOOR PATIO (PRIVATE PROPERTY)

All applications must comply with the City of Medicine Hat's Land Use Bylaw No.4168.

Required Item	Format Requirements			
1. SITE PLAN  (A 1:200 metric scale is recommended)  See example on Pg.6	<ul> <li>North arrow</li> <li>Location – including municipal address and legal description (Lot, Block, Plan)</li> <li>All property lines</li> <li>Front, rear, and side setbacks of the patio from all property lines and all buildings on the site</li> <li>Dimensions of the proposed patio, showing all exits</li> <li>All existing structures, with dimensions</li> <li>Identify adjacent city streets, sidewalks, curbs and proposed and existing curb cuts</li> <li>Location and number of tables / chairs</li> <li>Location of parking areas including length and width of stalls, driveway, etc.</li> <li>Location of outdoor storage areas and method of screening (if applicable)</li> <li>Location of drive thru and turning radii for drive thru (if applicable)</li> <li>Location of garbage enclosures</li> <li>Location of Road Right of Way and public sidewalk</li> <li>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</li> </ul>			
2. ELEVATION DRAWINGS  (A 1:200 metric scale is recommended)	<ul> <li>The elevation drawings must include:</li> <li>Exterior of proposed outdoor patio</li> <li>Description of exterior finishing materials of patio, and railings.</li> <li>Dimensioned height from grade on each elevation.</li> </ul>			
3. DETAILED DESCRIPTION OF THE PROPOSAL  Please indicate below if the patio is permanent or seasonal, and list the hours of operation  APPLICATION FEE (2023)  Outdoor Commercial Patio (on private property) - \$262.50 (Includes GST)  Please note: if a variance is required as part of your Development Permit conditions, you will be  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.				

charged an additional fee; each variance is
<b>\$472.50</b> (Includes GST).

#### **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.

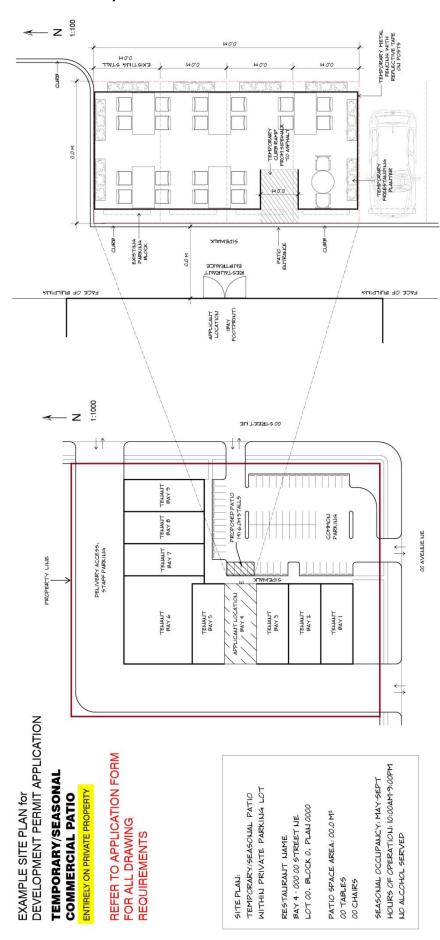
## I HAVE READ, UNDERSTOOD and AGREE TO THE "VOLUNTARY WAIVER OF CLAIMS"

#### **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 if the proposed development is partially located within a RROW that approvals from the Alberta Gaming, Liquor and Cannabis and/or Alberta Health Services may be included as conditions of the Development Permit as well as, a completed Temporary Traffic Control Request Form, and a Certificate of Liability Insurance.
- I understand that a Building Permit is required in addition to a Development Permit, and that other permits such as electrical, plumbing, gas, and HVAC may also be required.

I HAVE READ, UNDERSTOOD and AGREE TO THE DEVELOPMENT PERMIT DECLARATIONS							
Name (Print):	Signature:	Date:					

### Site Plan Example - Outdoor Patio



# **Elevation Plan Example - Outdoor Patio**

