

Town of Irricana  
PO Box 100  
222 – 2 Street  
Irricana, AB T0M 1B0

Phone: 403-935-4672  
Fax: 403-935-4270  
Email: Irricana@Irricana.com

## Change of Use or Intensification of Use

### Land Use Bylaw 007:2023

I/We hereby make application for a development permit under the provisions of the Land Use Bylaw in accordance with the plans and supporting information submitted herewith, which form part of this application. It is understood that the Development Authority may refuse to accept incomplete applications.

#### 1. Primary Applicant Information *(Include additional applicant information on separate page)*

Name:	
Address:	
Phone:	Alt Phone:
Fax:	Email:

#### 2. Registered Owner Information *(If different than above)*

Name:	
Address:	
Phone:	Alt Phone:
Fax:	Email:

#### 3. Land Description

Municipal Address:			
Legal Description:	Plan #	Block #	Lot #

#### 4. Change of Use Details

Present Use:
Proposed Use:

# DEVELOPMENT PERMIT APPLICATION

## 5. Please Indicate the Anticipated Start Date Associated with this Change of Use

Date:

### 5a. If this is a Temporary Change of Use, Please Indicate the Anticipated Completion Date

Date:

## 6. Required Information for Complete Application *(Applicant to initial beside each to confirm submission)*

Applicant Initial		Received (Office Use)
	Development Fees (as described in the Master Rates Bylaw)	
	Completed Development Permit Application (this Form)	
	Owner Authorization (if not Legal Property Owner)	
	Documentation:	
	a. Siteplan indicating all buildings, parking, storage, fencing, and signage	
	b. Floorplan indicating all uses and occupancies for each building	
	c. Drawings, studies, or technical reports (as applicable)	
	d. Fire Inspections, Safety Inspections, or Third-Party Approvals (as applicable)	
	Description of Proposed Use, Operations, or Business, including:	
	a. Intended Days and Hours of Operation	
	b. Identification of Provincial or Federal Licensing Requirements	

## 7. Supporting Documentation *(Additional information provided to support the application)*

Applicant Initial		Received (Office Use)
	1.	
	2.	
	3.	
	4.	
	5.	

**8. Authorization** *(Please initial beside the applicable option)*

<input type="checkbox"/>	I certify that I am submitting this application as the Registered Owner of the subject property.
<input type="checkbox"/>	I certify that I am authorized by the Registered Owner of the subject property to submit this application on their behalf and have submitted evidence of such authorization.

**9. Right of Entry** *(Please initial)*

<input type="checkbox"/>	I authorize the Town of Irricana and its agents to access the subject property for the purpose of processing this application and making a determination thereto.
--------------------------	---

**10. Collection and Use of Information**

In submitting this application, I certify that the information provided is true and correct and that the Town of Irricana shall not be liable for any errors or omissions associated with this application. I acknowledge that additional information may be requested prior to acceptance of this application or in the future.

Further, I acknowledge that the information provided in relation to this application, including correspondence, is subject to the Freedom of Information and Protection of Privacy Act (FOIP) and may be subject to public disclosure under the Act.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Signature