



OFFICE USE ONLY
DP # _____
Fee: _____
Receipt No: _____

Cannabis Retail Store Development Permit Application Form

This Application Form shall be **complete** and include an attached Development Permit Checklist. Please Note:

- **NO DEVELOPMENT** shall commence without a valid Development Permit. Any work started prior shall be subject to a double fee penalty and further enforcement actions;
- An **Administrative Fee** will be withheld for any refunds. Please note that all applicable permit refunds will be issued by cheque only; and,
- Submission of a duly signed application form authorizes the Development Officer or Development Compliance Officer to enter the property to carry out inspections necessary.

I/We hereby make application under the provisions of the Land Use Bylaw 99/059 for a Development Permit.

PLEASE PRINT

Applicant and Owner Information:

Applicant Name: _____

Mailing Address: _____

Postal Code: _____

Daytime Phone: _____ Alternate: _____ Fax: _____

Email Address: _____

Registered Owner(s): _____

Mailing Address: _____

Postal Code: _____

Daytime Phone: _____ Alternate: _____ Fax: _____

Email Address: _____

Property Information

Legal Land Description¹: Lot: _____ Block: _____ Plan: _____

Alberta Township Grid System: LSD _____ Sec _____ TWP _____ Range _____ W4M

Civic Address: _____

Certificate of Title Number: _____

Project Description: _____

Has development commenced? Yes No

Existing Use of Land or Building: _____

Size of Proposed Development: _____

Estimated Construction Start Date: _____ End Date: _____

Estimated Construction Cost: _____

¹ Civic Address Translator: <http://internetapps.woodbuffalo.ab.ca/electronicpermitting/CivicTranslator.aspx>



Detailed Development Information

	No	Yes	If Yes, how far?
Is the proposed site within 150m of:			
Elementary School	<input type="checkbox"/>	<input type="checkbox"/>	_____
Junior High School	<input type="checkbox"/>	<input type="checkbox"/>	_____
High School	<input type="checkbox"/>	<input type="checkbox"/>	_____
College	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child Care Facility	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol and Drug Rehabilitation Centre	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please note: 150m separation is required in the Urban Service Area, and is measured from the property line

Credit Card Information

Credit Card #: _____ Card Type: _____
Card Holders Name: _____ Expiry Date: _____

Registered Owner (or person acting on the registered owner's behalf)

I, _____ hereby certify that

- I am the registered owner, or
- I am the agent authorized to act on behalf of the registered owner

and that the information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application.

Signature

Date

The personal information on this form is collected under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act*. The personal information will be used as contact information and to process your application. If you have any questions regarding the collection or use of this information contact the Supervisor, Support Services, Planning and Development, Jubilee Centre, 9909 Franklin Avenue, T9H 2K4, or call (780) 793-1069.