



**TOWN OF CARDSTON**  
**APPLICATION FOR A DEVELOPMENT PERMIT**

APPLICATION NO. \_\_\_\_\_

**APPLICANT:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**OWNER OF LAND (if different from applicant):**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PROPERTY TO BE DEVELOPED:**

CIVIC ADDRESS \_\_\_\_\_ File # \_\_\_\_\_

LEGAL DESCRIPTION: Lot(s) \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ West of \_\_\_\_\_ Meridian

LAND USE DISTRICT: \_\_\_\_\_ EXISTING LAND USE: \_\_\_\_\_

**DETAILS OF DEVELOPMENT:**

PROPOSED USE: \_\_\_\_\_

OFF-STREET PARKING SPACES: Number \_\_\_\_\_ (Refer to plan for LOCATION)

**MAIN BUILDING:**

SETBACKS: Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

HEIGHT: \_\_\_\_\_ FLOOR AREA: \_\_\_\_\_ PERCENT OF LOT OCCUPIED: \_\_\_\_\_

**ACCESSORY BUILDING:**

SETBACKS: Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

HEIGHT: \_\_\_\_\_ FLOOR AREA: \_\_\_\_\_ PERCENT OF LOT OCCUPIED: \_\_\_\_\_

PERMIT FEE: \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

PLANS ATTACHED: Yes \_\_\_\_\_ No \_\_\_\_\_ ESTIMATED VALUE OF CONSTRUCTION (\$): \_\_\_\_\_

ESTIMATED COMMENCEMENT: \_\_\_\_\_ ESTIMATED COMPLETION: \_\_\_\_\_

**IMPORTANT:** I have read and understand the terms noted on the reverse side of this form and hereby apply for permission to carry out the development described above and/or on the attached plans and specifications. I further certify that the owner of the land described above is aware of this application.

**FOIP Notification:** Your name, home phone number, home address and postal code are collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. This information will be used in the administration of Town of Cardston programs. If you have any questions about this collection, contact the FOIP Coordinator, Town of Cardston, Box 280, Cardston, AB T0K 0K0 or (403) 653-3366.

Date: \_\_\_\_\_ Signature of APPLICANT: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of REGISTERED OWNER: \_\_\_\_\_