

FORM B

NORTHERN VILLAGE OF BEAUVAL DEVELOPMENT PERMIT APPLICATION

PROJECT INFORMATION (additional information required below)

- | | |
|--|---------------------------------|
| ☐ Bed and Breakfast Operation | ☐ Fences |
| ☐ Home-based Business | ☐ Signs |

OFFICE USE ONLY

Application Number: _____ Application Date: _____
Zoning Designation: _____ Building Inspector: _____
Meets all provisions of the Official Community Plan and Zoning Bylaw: ☐ Yes ☐ No
Application requires an Official Community Plan amendment? (Fee: \$125.00) ☐ Yes ☐ No
Application requires a Zoning Bylaw amendment? (Fee: \$100.00) ☐ Yes ☐ No
Payment of application fees received? ☐ Yes ☐ No
Use Is: ☐ Permitted ☐ Discretionary ☐ Permanent ☐ Temporary ☐ Not Allowed
Council Decision: _____ Inspectors Decision: _____
Motion Number: _____ Expiry Date: _____ Roll Number: _____

APPLICANT INFORMATION

Name: _____ Email: _____
Phone: _____ Cell: _____
Address: _____

DEVELOPMENT SITE INFORMATION

Lot: _____ Block: _____ Plan: _____
Description of Existing Buildings: _____
Registered Title: _____

CONTRACTOR INFORMATION (if applicable)

Name: _____ Email: _____
Phone: _____ Cell: _____
Address: _____
Services Provided: _____

I agree that the Municipality may provide the information contained in and with this application to outside agencies to assist the review of the proposed development, and that where required the information may be made available for public review and comment.

I agree that the Municipality may enter the property to inspect the site before, during and after the development proposed for the purposes of administration of the Zoning Bylaw and any permit issued. I agree that the Municipality may file such notices and covenants on the titles of the property subject to this application to protect the interests of the Municipality.

I, _____ solemnly declare that the above statements contained within this application are true, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of the *Canada Evidence Act*.

Signature: _____ Date: _____

FORM B NORTHERN VILLAGE OF BEAUVAL

Application No. _____

BED AND BREAKFAST OPERATION (Discretionary Use)
HOME BASED BUSINESS (Discretionary Use)**FEE: \$150.00**
FEE: \$150.00**Bed and Breakfast Operation**

Does the Site Plan Include a Building Floor Plan? _____

☐ Yes ☐ No

Does the Site Plan Include Off-Street Parking? _____

☐ Yes ☐ No

Indicate Any Special Equipment Used in the Operation: _____

Home Based Business

Does the Operation include retail sales of goods and services? _____

☐ Yes ☐ No

Will goods and services be stored on the premises? _____

☐ Yes ☐ No

Number and Type of Vehicle to be Used: _____

Business Will Be Conducted Out Of: _____

☐ Principal Building☐ Accessory Building

Indicate Any Special Equipment Used in the Operation: _____

All Applicants

Existing Use of Land or Building: _____

Total Floor Area of Principal Building in Proposed Operation: _____

Floor Area of Principal Building to be Used in Operation: _____

Name of Operation: _____

Signage or Exterior Advertising: _____

Number of Employees.....Full Time: _____ Part Time: _____

Number of Employees Employed on Premises.....Full Time: _____ Part Time: _____

The undersigned hereby makes application for the operation as described in this application. I have read the definition of said operation and have read the provisions set out for the operation in the Zoning Bylaw. I am aware that any permit approved and issued is subject to revocation at any time for default of any condition.

Initial: _____

Hours of Operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

FENCES**FEE: \$25.00**

Current Zoning: _____ Height: _____

Materials: _____

Proposed Setback – Front Yard: _____ Rear Yard: _____ Side Yard: _____

Height: _____ Other: _____

Documents Included: ☐ Building Permit ☐ Site Plan**SIGNS****FEE: \$25.00****TEMPORARY SIGNS****FEE: \$10.00**

Type of Sign(s): _____ Number of Sign(s): _____

Dimensions of Sign(s): _____ Duration: _____

Purpose of Sign: _____

***ATTACH ANY REQUESTED DRAWINGS OR LETTERS WITH APPLICATION NUMBER INDICATED TO THE BACK OF THIS FORM**