

Development Permit Complete Application Requirement List (CARL)

Last Modified 2010 August 6

Permitted Change of Use application type 1 Changes inside a Building: In any Land Use District

| | |
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| LUD | _____ |
| PST | _____ |

The following **Development Permit Complete Application Requirement List** outlines all of the information necessary to evaluate and provide a timely decision on your application.

Only applications that are complete will be accepted. Applications and materials submitted must be clear, legible and precise. Plans submitted should be to a professional drafting standard. We are currently unable to accept digital applications. Thank you for your co-operation.

All plans submitted must:

- contain a title block with information such as:**
 - address and legal description (plan; block; lot)
 - uses, project name, applicant name and contact information
- be sorted into sets:**
 - sets should be folded to a size no larger than 8-½" x 14" (21.5 x 35.5 cm)
 - each set must be stapled or taped together
 - sets may be accordion-pleated, provided they can be hole punched in the top left-hand corner
- paper size:**
 - all plans submitted must be on the same sized paper
 - drawings are clear and legible
 - drawings must be contained on each page (one plan should not span two pages)
- be clear of any previous approval stamps and/or notations:**

The Development Authority may require additional material considered necessary to properly evaluate the proposed development (as stated in Part 2 Section 26(3) of the Land Use Bylaw 1P2007).

All terms of reference are based on the defined terms in the Land Use Bylaw 1P2007.

| completed by applicant | office use only | Required Items |
|------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> | <input type="radio"/> | 1. A copy of the current Certificate(s) of Title |
| <input type="radio"/> | <input type="radio"/> | 2. A Letter of Authorization from the registered owner of the land, their agent, or other persons having legal or equitable interest in the parcel. You can use this sample letter of authorization template or you can provide your own letter but it must contain all information indicated on the sample letter. <input type="checkbox"/> Where the applicant is an agent acting for the owner, a letter from the owner must be provided verifying the agent's authority to make the application. |
| <input type="radio"/> | <input type="radio"/> | 3. Colour Photographs (minimum of two different views) showing: *Photographs must fit into an 8.5" x 14" (21.5 x 35.5 cm) file |
| <input type="checkbox"/> | <input type="checkbox"/> | exterior of building |
| <input type="checkbox"/> | <input type="checkbox"/> | unique features and aspects of significance to development of the parcel |
| <input type="checkbox"/> | <input type="checkbox"/> | label and identify each photograph |

| | | |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> | <input type="radio"/> | 4. Fee (See Fee Schedule) |
| <input type="radio"/> | <input type="radio"/> | 5. Completed Use Questionnaire (attached) |
| <input type="radio"/> | <input type="radio"/> | 6. Four (4) copies of the Key Plan showing the exact location of tenant space within the building and tenant unit number. |
| <input type="radio"/> | <input type="radio"/> | 7. Four (4) copies of Floor Plans showing: |
| <input type="checkbox"/> | <input type="checkbox"/> | plans to metric scale, minimum 1:100 or imperial scale, minimum 3/16"= 1' |
| <input type="checkbox"/> | <input type="checkbox"/> | municipal address (ie, street address) and legal address (ie, plan/block/lot) |
| <input type="checkbox"/> | <input type="checkbox"/> | all elements of plan labelled as existing or proposed |
| <input type="checkbox"/> | <input type="checkbox"/> | dimensions of all rooms |
| <input type="checkbox"/> | <input type="checkbox"/> | purpose of all rooms/spaces (e.g., show room, kitchen, bathroom, internal stairways, mechanical room) |
| <input type="checkbox"/> | <input type="checkbox"/> | location of all walls, partitions, doorways, windows, and other openings |
| <input type="checkbox"/> | <input type="checkbox"/> | if a restaurant and/or drinking establishment , include seating plan that clearly indicates the area (both indoor and outdoor) in which the public will have access for the consumption of food and/or beverages |
| <input type="radio"/> | <input type="radio"/> | 8. Does this application include any of the following uses? (check all applicable) The definitions of these uses can be found in Part 4 of Land Use Bylaw 1P2007, available online at www.calgary.ca/landusebylaw . If required, ask for assistance at the time of application. |
| | <input type="checkbox"/> | Addiction Treatment |
| | <input type="checkbox"/> | Assisted Living |
| | <input type="checkbox"/> | Child Care Service |
| | <input type="checkbox"/> | Counselling Service |
| | <input type="checkbox"/> | Custodial Care |
| | <input type="checkbox"/> | Health Services Laboratory – With Clients |
| | <input type="checkbox"/> | Instructional Facility |
| | <input type="checkbox"/> | Medical Clinic |
| | <input type="checkbox"/> | Post-secondary Learning Institution |
| | <input type="checkbox"/> | Residential Care |
| | <input type="checkbox"/> | School – Private |
| | <input type="checkbox"/> | School Authority – School |
| | <input type="checkbox"/> | School Authority Purpose – Major |
| | <input type="checkbox"/> | School Authority Purpose – Minor |
| | | If any of the above uses are applicable, complete and attach the Use-related CARL – Residential Care & Health. |

Applicant's Signature

Date

(Confirming that all required information has been provided and is correct)

Screened by

Date

For Further Information:

The City of Calgary

Development & Building Approvals (#8108)

3rd floor, Calgary Municipal Building

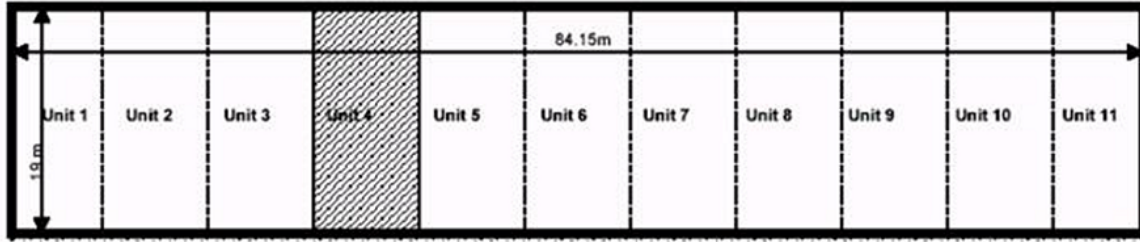
800 Macleod Trail SE, Calgary, Alberta T2P 2M5

8:00 a.m. to 4:30 p.m. Monday – Friday

Phone 403-268-5311 or visit our website - www.calgary.ca/dba

Checklists are updated periodically. Please ensure you have the most recent edition.

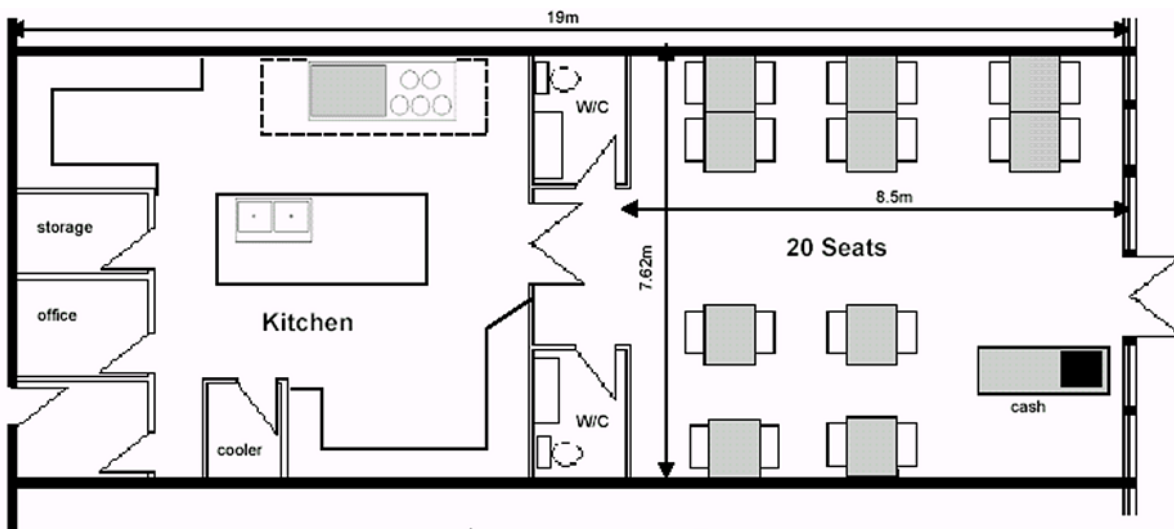




Key Plan



Civic Address: Unit 4, 1200 Nowhere Street SW
 Legal Address: Lot 56, Block 12, Plan 55611



Floor Plan SCALE 1:100



This Sample Floor Plan is a Restaurant

SAMPLE



The Government of Alberta, Alberta Health Services and The City of Calgary require certain safety codes and bylaw compliance for different types of businesses. The questions below will help us to determine if your business meets these requirements. Thank you for your cooperation.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Applicant's name | | |
| Mailing address | | Postal Code |
| Email address | Contact number () | Alternate Contact number () |
| Business name | | Move in date YYYY MM DD |
| Business address (including unit number) Note: If the EXACT business address is unknown, contact Planning Data Services for Building Address Confirmation – phone 403-268-8127. | | |
| What was the previous name and type of business to occupy this location? (This information will determine the type of application required. Your landlord may be able to assist you with this information.) | | |
| Detail the business activities to take place at the above business address (e.g., operate an office for computer consulting, manufacture and sell plastic items) | | |
| Detail any business activities that are to take place outside the building at the above business address | | |
| Total business floor area <input type="checkbox"/> ft ² <input type="checkbox"/> m ² | Office space area <input type="checkbox"/> ft ² <input type="checkbox"/> m ² <input type="checkbox"/> N/A | Warehouse / work area <input type="checkbox"/> ft ² <input type="checkbox"/> m ² <input type="checkbox"/> N/A |
| For Industrial businesses: | | |
| Will there be any outdoor storage? If yes, indicate the storage area on the site plan. <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, is the outdoor storage screened? <input type="checkbox"/> Yes <input type="checkbox"/> No | Showroom area <input type="checkbox"/> ft ² <input type="checkbox"/> m ² <input type="checkbox"/> N/A |
| For Eating & Drinking businesses: | | |
| What is the indoor seating capacity? | Will there be an outdoor café? It must be shown on the floor plan and the site plan. <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what is the seating capacity of the outdoor café? |
| Restaurant public floor area (not including hallways or washrooms) <input type="checkbox"/> ft ² <input type="checkbox"/> m ² <input type="checkbox"/> N/A | Entertainment / dance floor area <input type="checkbox"/> ft ² <input type="checkbox"/> m ² <input type="checkbox"/> N/A | |
| For Auto-related businesses: | | |
| What is the total number of parking stalls? | What is the maximum number of vehicles capable of being serviced at any given time? | How many parking stalls will be used for displaying or storing vehicles? Highlight them on the site plan. |

Use Questionnaire

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Will you be sharing this space with another business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| To prepare this location for your business, will you be doing any construction or modifying the space in any way? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will you be adding or modifying a mezzanine / second floor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will there be any combustible, flammable, or explosive materials stored, used or produced at this business location? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will the business activities or uses occurring at this location produce any dust, liquids or gases? For example, any business that manufactures; refinishes furniture; repairs vehicles; welds; or, involves the cooking or preparation of food. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

FOIP Statement - The personal information on this application is collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, Section 33 (c). It will be used to communicate with the applicant during the application review process and may be communicated to relevant City Business Units. The applicant's name and the nature of the application may be publicly available in accordance with Section 40 (1) of the Freedom of Information and Protection of Privacy Act. If you have any questions, please contact the FOIP Program Administrator, Development & Building Approvals, PO Box 2100, Station M, Calgary, AB T2P 2M5, or telephone 3-1-1.

I / We hereby certify that the information in this application is true and correct. I / We hereby agree to comply with the applicable regulations that govern its approval.

| | | |
|-----------------------|--------------|------------|
| Applicant's Signature | Company Name | Date |
| | | YYYY MM DD |

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|--------------------------------------------|----------------------------|
| <i>Internal use only</i> | |
| <i>Commercial Activity (BIS)</i> | |
| <i>Previous use(s)</i> | <i>Previous approval #</i> |
| <i>Proposed use(s)</i> | <i>Applicable bylaw</i> |
| <i>Received by</i> | <i>Date</i> YYYY MM DD |
| <i>Comments</i> | |
| <i>Plans Examiner review (if required)</i> | |