



Requirements to apply for a **PERGOLA** Permit:

Check List:

- Landowner Authorization form
(Contractor use only)

- Development Permit application (approval of the structure location)

- Site/Plot Plan or Real Property Report
 - Indicate the location and size of the structure including all setback measurements to property lines and existing structures

- Building Permit application
(approval of the structure construction)

- Blueprint including list of materials

- Payment for permit fees



LANDOWNER AUTHORIZATION

Date: _____

Civic Address: _____

Project: _____

This letter is to advise that I/we, _____ am/are the registered owners of the above referenced property and hereby authorize _____ to act as an agent for the address noted above in all matters relating to this project including applying for development and building permits within the City of Leduc.

Signature of registered owner(s): _____

Name(s): _____

Address: _____ City/Prov: _____ Post. Code: _____

Email: _____ Phone: _____



DEVELOPMENT PERMIT APPLICATION RESIDENTIAL / HOME OCCUPATION

Infrastructure & Planning, 1 Alexandra Park, Leduc, AB T9E 4C4
Telephone: 780-980-7124 | Fax: 780-980-7127 | Email: planning@leduc.ca

Project Location's Municipal Address: _____

Project Legal Description:

Plan _____

Block _____

Lot _____

- or -

Sec _____ Twp _____ Rge _____ Meridian _____

Land Use District _____

OFFICE USE ONLY

Application Received Date: _____

Application Number: _____

Application Fee: _____

EXISTING USE OF LAND/BUILDING:

DESCRIPTION OF WORK: New Construction Addition Other (specify) _____

PROPOSED DEVELOPMENT OR USE:

- | | | | |
|------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Single Detached | <input type="checkbox"/> Show Home | <input type="checkbox"/> Shed | <input type="checkbox"/> Secondary Suite within a Single Detached Dwelling |
| <input type="checkbox"/> Duplex (side by side) | <input type="checkbox"/> Garage Suite Dwelling | <input type="checkbox"/> Uncovered Deck
Height (m) _____
Area (m ²) _____ | <input type="checkbox"/> Mixed Residential Project |
| <input type="checkbox"/> Duplex (up/down) | <input type="checkbox"/> Garden Suite Dwelling | <input type="checkbox"/> Covered Deck
Height (m) _____
Area (m ²) _____ | <input type="checkbox"/> Townhouse (3-6 units):
of Dwelling Units _____ |
| <input type="checkbox"/> Fourplex | <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Apartment:
of Suites _____ |
| <input type="checkbox"/> Triplex | <input type="checkbox"/> Gazebo | | |
| <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> Home Occupation | | |
| | <input type="checkbox"/> Home Occupation (limited) | | |
| | <input type="checkbox"/> Detached Garage | | |
| <input type="checkbox"/> Other (specify) _____ | | | |

REGISTERED PROPERTY OWNER

Property Owner's Name: _____

Address: _____ Postal Code: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

APPLICANT INFORMATION (if not the same as registered land owner)

I have been designated as the representative of the property owner
(written consent required to be attached to this application)

Applicant Name: _____ Company Name: _____

Address: _____ Postal Code: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

City of Leduc Bus. Lic. # (if applicable) _____

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DEVELOPMENT PERMIT APPLICATION RESIDENTIAL / HOME OCCUPATION

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Where applicable:

The applicant acknowledges and accepts that in accordance with policy and regulatory requirements, the City of Leduc may refer this application to external stakeholders for review. The applicant also acknowledges that any approval may be subject to appeal to either the Subdivision and Development Appeal Board or the Land and Property Rights Tribunal.

As, or on behalf of, the applicant, I hereby waive any claim of compensation pursuant to such referral or appeal.

Further, pursuant to Section 542(1) of the Municipal Government Act, I hereby consent to any authorized person entering the land and/or building referenced in this application.

Applicant's Signature: _____

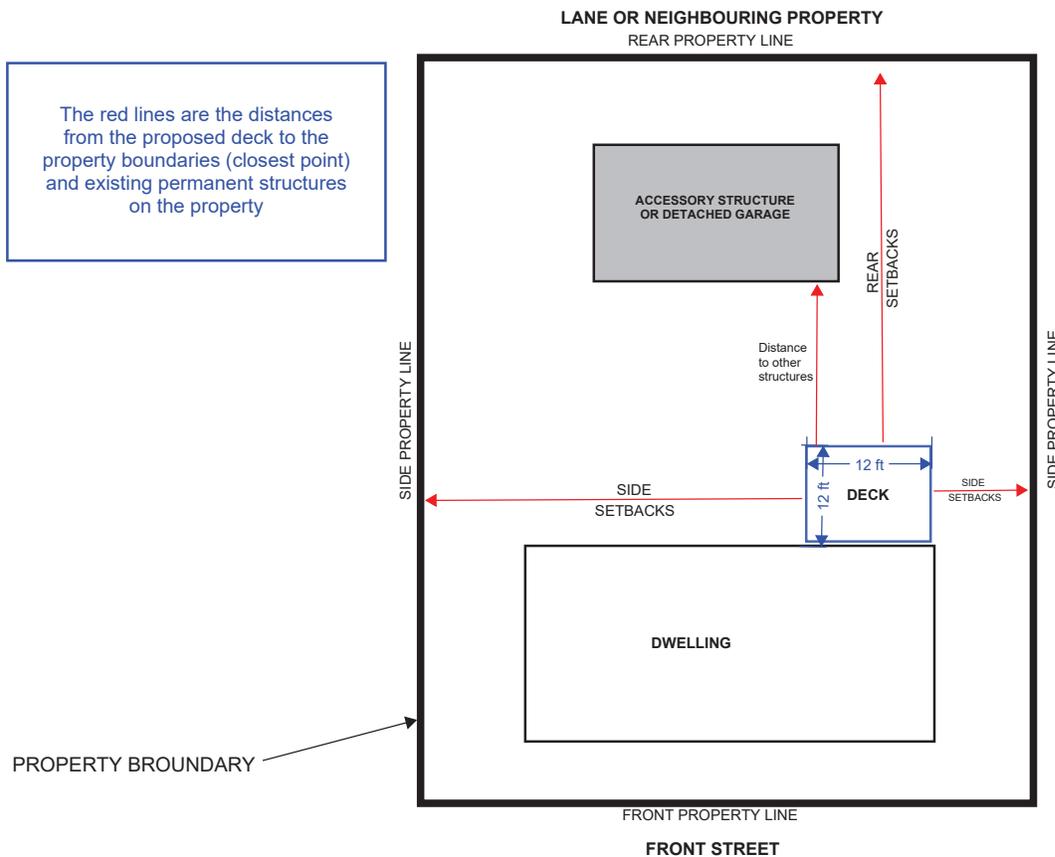
Date: _____

FOIP Statement: The personal information requested on this form is being collected under the *Safety Codes Act* and the *Municipal Government Act* for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The information is being collected in accordance with Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. NOTE: The name of the permit holder and the nature of the permit is available to the public upon request. Questions regarding the collection of this personal information may be directed to the City Clerk at (780) 980-7177 at #1 Alexandra Park, Leduc, AB, T9E 4C4.

SITE/PLOT PLAN SAMPLE ONLY

Please use this sample to assist you with knowing what to include on the plan.
For best results, use an existing Real Property Report or Site/Plot Plan as a base drawing and add the information similar to below.

Note: If you are not using an existing Real Property Report or Site/Plot Plan, be sure the plan meets the Minimum Requirements <https://www.leduc.ca/minimum-requirements-plan-submittal-residential-development-permit-applications>





BUILDING PERMIT APPLICATION

Infrastructure & Planning, 1 Alexandra Park, Leduc, AB T9E 4C4
Telephone: 780-980-7124 | Fax: 780-980-7127 | Email: planning@leduc.ca

Project Municipal Address: _____

Project Legal Description: _____

Plan _____

Block _____

Lot _____

OFFICE USE ONLY

Application Received Date: _____

Application Number: _____

RESIDENTIAL

USE OF OCCUPANCY:

Single Detached Dwelling Duplex Dwelling Townhouse (3 to 6 Units) Other (Specify) _____

TYPE OF WORK:

New Home Construction / New Home Warranty Registration #: _____

New Construction Only - Area (m²)

1st Floor	2nd Storey	Attached Garage	Detached Garage	Basement Development

- Deck Shed Swimming Pool
- Covered Deck Detached Garage Addition
- Secondary Suite Alteration Basement Development
- Wood Stove / Fireplace Hot Tub Demolition
- Manufactured Home | Alberta Label # _____
- Other / Specify: _____

Total Area (m²): _____ Market Value of Project (\$): _____

Description of Work: _____

COMMERCIAL / INDUSTRIAL / MULTI-RESIDENTIAL

USE OF OCCUPANCY:

Commercial Industrial Institutional / Government Multi-Residential / No. of Residential Units: _____

TYPE OF WORK:

New Construction Foundation Demolition Addition Alteration

New Construction Only

No. of Floors	Area of Largest Floor (m ²)	Total Area (m ²)

Addition Only

Total Area (m ²)

Alteration Only

Total Area (m ²)

Market Value of Project (\$): _____

Description of Work: _____



BUILDING PERMIT APPLICATION

Infrastructure & Planning, 1 Alexandra Park, Leduc, AB T9E 4C4
Telephone: 780-980-7124 | Fax: 780-980-7127 | Email: planning@leduc.ca

Property Owner's Name: _____
Address: _____ Postal Code: _____
Phone: _____ Mobile: _____ Fax: _____
Email: _____

APPLICANT

Applicant is Homeowner:

Fill out if different from Property Owner:

Name: _____
Address: _____ Postal Code: _____
Phone: _____ Mobile: _____ Fax: _____
Email: _____

Interest of Applicant: _____

I hereby accept responsibility to have the installation completed in accordance with the requirements of the *Safety Codes Act, Code, and Regulations*. I accept responsibility to ensure that the installation is inspected by a Safety Codes Officer prior to concealing any work, and upon completion of the installation. Neither the granting of a permit, nor inspections by a Safety Codes Officer shall in anyway relieve the Contractor from full responsibility for carrying out the work in accordance with the *Safety Codes Act, Codes, and Regulations* pursuant to the Act.

Signature: _____ Date: _____

Contractor's Company Name: _____
City of Leduc Business Licence #: _____
Address: _____
Postal Code: _____ Phone: _____ Fax: _____
Email: _____

WHEN APPLYING FOR A COMMERCIAL, INDUSTRIAL OR INSTITUTIONAL/GOVERNMENT USE, PLEASE COMPLETE FORM B "BUSINESS INFORMATION FORM" (attached)

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#1 Alexandra Park
Leduc, AB T9E 4C4
Phone: 780-980-7177
Fax: 780-980-7127

CREDIT CARD AUTHORIZATION FORM

I, _____ of _____
(Print name) (Company name)

ADDRESS: _____

CITY/PROV: _____ POSTAL CODE: _____

PHONE #: _____ FAX #: _____

I hereby authorize the City of Leduc to use the following credit card number to the cover cost of:
(Please choose one per form)

City Permits

Pet Licence

Utility Deposit

Business Licence

Other: _____

CREDIT CARD NUMBER: _____ EXPIRY DATE: _____

Card issued to: _____ *CVD/CVV # _____

SIGNATURE

DATE

***CVD/CVV is the three digits on the back of your Visa or Mastercard, or the 4 digits on the front of your American Express**

Planning #: _____ _____ _____

The personal information on this form is collected to provide payment to the City of Leduc. This information is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection of this information can be directed to the City Clerk at 780-980-7132, #1 Alexandra Park, Leduc, Alberta, T9E 4C4.