Please fill in form, print and sign application before returning to Foothills County with Development Permit Application.



## **Secondary Suite Checklist**

**Foothills County** 

309 Macleod Trail, Box 5605, High River, AB T1V 1M7. Tel: 403-652-2341 Fax: 403-652-7880

**THIS IS NOT A BUILDING PERMIT.** Construction practices and standards of construction of any building or any structure authorized by this Development Permit must be in accordance with the Building and Safety Code Permits. An application must be made for all required Building and/or Safety Codes Permits.

Construction of Secondary Suites may not commence, nor can a Secondary Suite be occupied, prior to the issuance of all required Development, Building, and Safety Code approvals.

LANDOWNER/APPLICANT INFORMATION				
Name of Landowner(s) / Applicant(s)				
Legal Land Description: Plan	Block	Lot		
Quarter Section Township		Range Meridian		
Area of Lot (In Acre or Hectares)				
SECONDARY SUITE				
(LOCATED WITHIN)	CHECK	(STAND-ALONE)	CHECK	
Existing Principal Dwelling/Attached Garage		Proposed New Detached Secondary Suite		
Existing Accessory Building		Existing Detached Secondary Suite		
Proposed New Principal Dwelling/Attached Garage				
Proposed New Accessory Building				
SUITE INFORMATION				
Secondary Suite existed before Bylaw 68/2023 was a	adopted:	☐ YES ☐ NO		
Estimated date of Construction (if Secondary Suite existed	prior to passag	ge of Bylaw 68/2023) <b>:</b>		
Total habitable area of principal dwelling (if suite is located within the dwelling or attached garage):				
Total Gross Floor Area of Secondary Suite (if detached):  GROSS FLOOR AREA means the total cumulative floor area of all levels of a building measuring to the outside surface of the exterior walls and does not include decks or basements (except in the case of walk-out basements in which case the basement is considered the first floor). Where buildings are separated by a fire wall, the gross floor area is measured from the centreline of the common fire wall. Gross Floor Area may differ from the Habitable Area of a dwelling as it includes any unfinished space(s), storage, attached garage(s), and mechanical or electrical rooms.				
Total area of the Secondary Suite area (sq. ft.):				
Total number of Dwelling Units on the parcel (prior to making this application):				
Number of parking spaces provided for the Secondary Suite:				
Describe availability of storage space accessible to the occupants of the Secondary Suite:				
WATER SOURCE				
1. Connection to Municipal/Communal Water System  Name of Municipal/Communal System Provider				
2. New or Existing Groundwater Well (Check one)  Connected to new well specifically for the Secondary Suite Connection to existing groundwater well Propose to share existing groundwater well on site Explain shared use I am installing a water cistern to supplement the groundwater source for the Secondary Suite. Groundwater Well Requirements: I have provided the most recent water well report for the source groundwater well. I have submitted the completed Calculation of the Average Daily / Annual Water Requirements Worksheet.  3. Water is hauled to the site to cistern or water storage system as the water source for the Secondary Suite				
☐ <u>Cistern/Water Storage System</u> (please include ☐ Where is the water supply hauled from (munici ☐ Provided Water Management Plan outlining puthe Secondary Suite at all times.	size of stora	age)source)?		

SE	WAGE TREATMENT AND DISPOSAL		
	Connection to Communal Sewage Collection System (Provide letter of confirmation from system operator)		
	Connection to Existing Private Sewage Treatment System (provide executed Declaration of Understanding)		
	Expansion of Existing Private Sewage Treatment System (provide executed Declaration of Understanding) * (Landowner responsibility to ensure sewage treatment system meets the Safety Code requirements)		
	Construction of New Private Sewage Treatment System (provide executed Declaration of Understanding) * (Landowner responsibility to ensure sewage treatment system meets the Safety Code requirements)		
AD	DITIONAL INFORMATION REQUIRED		
	ecify other supporting material attached that forms part of this application (for example, site plan, covenants, servicing ns and supporting information).		
Est	imated Date of Commencement:		
Estimated Date of Completion:			
Describe how the potential for impact on neighbouring properties is minimized (location, design, screening/landscaping, etc.)			
911 ADDRESS INFORMATION			
	I hereby acknowledge and understand that I may be required to obtain a new 911 address for safety and emergency purposes for the Secondary Suite developed on the property and agree to do so in accordance with the rules and requirements of the Foothills County and acknowledge that the proposed development may result in additional and/or updated municipal address(es) on the property. Consequently, I understand and accept that this may result in changes to the Canada Post mail address. The county is not responsible for associated costs of such.		
PRE-APPLICATION BUILDING AND SAFETY CODES INSPECTION			
	I hereby acknowledge that I understand that I have the option to have a Building and Safety Codes Officer conduct a pre-development permit application inspection of the existing Secondary Suite for a fee of \$160.00 + 4% Safety Codes Fee. This inspection would allow for a certified Building Inspector to outline how well the existing un-permitted Secondary Suite meets the Alberta Building Code and would provide a better understanding of renovations or changes that may be required to bring the Secondary Suite into compliance with safety regulations.		
	Pre-application inspection completed (Provide copy of the County's preliminary inspection report)		
	Pre-application inspection not requested		
SE	CONDARY SUITE REGISTRY		
	I hereby consent to Foothills County publishing my legal description, municipal address, parcel size, land use, Development Permit Application #, and type of Secondary Suite approved on the property within the Secondary Suite Registry as public information. Applicant/Landowner names will not be disclosed on the Registry. This Registry is intended to allow prospective tenants, landowners, realtors, and other interested parties to search permitted Secondary Suites in the Municipality.		
Signature of Landowner / Applicant Date			



Date Signed

## **DECLARATION OF UNDERSTANDING**

Foothills County 309 Macleod Trail, Box 5605, High River, AB T1V 1M7. Tel: 403-652-2341 Fax: 403-652-7880

Please sign Declaration of Understanding, before returning to Foothills County with Development Permit Application.

REGISTERED OWNER(S) DECLARATION			
This is to certify that the Applicant/Landowner(s) namely:			
Print Name	Print Name		
<ul> <li>maintained for both existing and proposed uses o</li> <li>i. Where a Secondary Suite is being connect submit a letter to the Development Author</li> </ul>	ensure that an adequate potable water supply is provided and in your property, including the Secondary Suite. ted to a piped water system, it the landowner's responsibility to rity providing confirmation from the supplier of the piped water water available to service the additional use of the proposed		
responsibility to supply and maintain an a maximum allowance of 1250m <sup>3</sup> per year	otable water supply to a Secondary Suite, it is the Landowner's dequate quantity of potable water while still complying with the (750 imperial gallons per day) per household for groundwater a Secondary Suites constitutes as an additional household).		
water storage system) the applicants mus	rimary water source for a Secondary Suite (to a cistern or st provide proof, to the satisfaction of the Development adequate quantity of potable water for the proposed use.		
b. I have completed the "Calculation of the Average Daily / Annual Water Requirements Worksheet" and understand and acknowledge the estimated additional water requirements necessary for the existing and proposed uses on site. This worksheet is included with the Secondary Suite information package to help you calculate you average daily and annual water requirements to assist in determining your water needs for both existing and proposed uses on your property.			
	ensure that the water quality meets the Guidelines for alth Services Criteria to ensure that the water quality is suitable.		
<ul> <li>d. It is the Applicant's/Landowner's responsibility to provide adequate wastewater/sewage disposal for the Secondary Suite to the satisfaction of the Building/Safety Codes Officer.  i. Where sewage disposal is connected to an approved piped communal collection system, the operator of the communal system must confirm that the system has adequate capacity for the additional sewage and has authorized the approval to connect.  ii. Where an existing private sewage treatment system is being used, a certified septic designer/installer must confirm that the existing system can adequately manage the additional waste or a new system or addition to the existing system has been adequately sized to accommodate the additional waste and the location is suitable.</li> </ul>			
e. I acknowledge that the proposed development may result in additional and/or updated municipal address(es) on the property. Consequently, I understand that this may result in changes to the Canada Post mailing address. The county is not responsible for associated costs of such.			
I (we) declare to have read and understand the above conditions and have exercised due diligence to ensure that we meet these above noted requirements prior to making application for approval of a Secondary Suite in Foothills County.			
Name of Applicant/Landowner (Please Print)	Name of Applicant/Landowner (Please Print)		
Signature of Applicant/Landowner	Signature of Applicant/Landowner		

Date Signed