



Development Permit Checklist

File Number:	_____
Original DP #:	_____
Civic Address:	_____
PID and Legal Description:	_____
Date final drawings were submitted:	_____
Type of Building	_____
Applicable DP Guidelines:	_____

Zoning Bylaw Compliance **Zone:** _____

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| Permitted Uses: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Setbacks: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lot Coverage: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Floor Space: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Impervious Surfaces: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Height: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Off Street Parking: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| All Applicable General Regulations: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Landscaping Bond Requirement: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Aspects of Development that Follow DP Guidelines:

Aspect of Development that do not follow DP Guidelines:

Staff Recommendation: Approve Deny Request Modification

Date

Planner