



Current Planning Branch
5th Floor, 10250 101 Street NW, Edmonton, Alberta T5J 3P4
Telephone: 3-1-1 Dial: 780 442 5311 outside Edmonton
Fax: 780 496 6054 Email: SDCurrentPlanning@edmonton.ca

CONGREGATE LIVING FACILITY COMBINED APPLICATION for Development Permit, Building Permit & Business Licence

PROJECT PROPERTY Municipal Address		Existing Development Permit Project #	
Description of proposed accommodation			
→ Is a Group Home, Limited Group Home or Lodging House presently operating at this location? <input type="checkbox"/> NO <input type="checkbox"/> YES, since month/year: _____ If YES: <input type="checkbox"/> in a single detached house <input type="checkbox"/> other: _____ Is the facility subject to Government of Alberta licensing? <input type="checkbox"/> NO <input type="checkbox"/> YES: Contact/Agency _____ Do you have a City of Edmonton Rental Accommodation Business Licence for this location? <input type="checkbox"/> NO <input type="checkbox"/> YES: # _____ → Is there a Major Home-based Business OR Secondary/Garden/Garage suite at this location? <input type="checkbox"/> NO <input type="checkbox"/> YES: Specify: _____			
PROJECT APPLICANT: Check <input type="checkbox"/> all applicable → APPLICANT is also: <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> PROJECT BUSINESS OWNER <input type="checkbox"/> LH PROPRIETOR			
Contact: Last name	First name	Company name	Posse Customer ID #
Mailing address	City	Prov	Postal Code
Email	Telephone	Mobile	Fax
APPLICANT: refer to page 4 to complete APPLICANT DECLARATION		Check <input type="checkbox"/> declaration completed: <input type="checkbox"/>	
PROJECT PROPERTY OWNER: Check <input type="checkbox"/> all applicable → PROPERTY OWNER is also: <input type="checkbox"/> PROJECT BUSINESS OWNER <input type="checkbox"/> L H PROPRIETOR			
Contact: Last name	First name	Company name	Posse Customer ID #
Mailing address	City	Prov	Postal Code
Email	Telephone	Mobile	Fax
PROPERTY OWNER: refer to page 4 to complete PROPERTY OWNER DECLARATION		Check <input type="checkbox"/> declaration completed: <input type="checkbox"/>	
BUSINESS OWNER: Check <input type="checkbox"/> all applicable → BUSINESS OWNER is also: <input type="checkbox"/> APPLICANT <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> L H PROPRIETOR			
Business/Trade name			Posse Customer ID #
<input type="checkbox"/> Sole Proprietor OR <input type="checkbox"/> Partnership OR <input type="checkbox"/> Corporation	Full legal name		
	Full legal name partner 1		Full legal name partner 2. IF >2 partners: Check <input type="checkbox"/> list attached: <input type="checkbox"/>
	Legal entity Corporate Access # _____ Check <input type="checkbox"/> current Corporate Record search attached:		
Authorized signing officer for business		Email	Telephone
Mailing address		City	Prov Postal Code
BUSINESS OWNER: refer to page 4 to complete BUSINESS OWNER DECLARATION		Check <input type="checkbox"/> declaration completed: <input type="checkbox"/>	
PROJECT PROPRIETOR (for Lodging House facility):			
Last name	First name	Email	Telephone
PROPRIETOR: refer to page 4 to complete PROPRIETOR DECLARATION		Check <input type="checkbox"/> declaration completed:	



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Resident and Staff Details

Maximum number of clients residents living on site: _____: age range: _____ to _____

Maximum number of staff working on site: _____; number for who this is the normal place of residence _____ (live in)

Number of other persons living on site; include in operator family members: _____

Maximum number of occupants proposed for this site: _____

Aging-in –place? ☐ NO—short to medium term stay ☐ YES—except in case of rapid health deterioration needing medical intervention

What is a reasonable total number of police-, ambulance- and fire-emergency service visits expected in a month? _____

Check ☐ level of on-site supervision to be provided: ☐ None ☐ Intermittent supervision ☐ 24h/day X 7 days/week continuous care

Check ☐ level of on-site professional care to be provided: ☐ None ☐ non-continuous care ☐ 24h/day X 7 days/week continuous care

Attach to this page: A written explanation of the type of group home or lodging house you wish to establish will assist the plans review.

Provide a list of certifications/licences held by all caregivers and other staff working on site, including a list of numbers/types of care providers expected to attend site intermittently, including approx hours of daily care to be provided by each. Check ☐ attached: ☐

GENERAL CONDITION, HEALTH AND WELL BEING OF RESIDENTS: Check ☐ all which apply

☐ **AMBULATORY RESIDENTS:** persons capable of prompt evacuation for self-preservation without assistance in a fire- or non-fire emergency within 3 minutes of alarm being raised.

☐ **NON-AMBULATORY RESIDENTS:** persons NOT CAPABLE of prompt evacuation for self-preservation without assistance in a fire- or non-fire emergency. Prompt evacuation capability is considered to be equivalent to the evacuation capability of the general population....the residents should be able to evacuate to a point of safety within 3 minutes of alarm being raised....a point of safety can be exterior to and away from the building...or...if the building is protected with an approved automatic sprinkler system, a point of safety can be a code-compliant fire-resistance rated exit enclosure.

☐ young (<2.5 years of age) ☐ elderly ☐ physically handicapped ☐ require wheelchair ☐ deaf

☐ blind ☐ developmental disorder or disability ☐ mentally ill ☐ recovering from addiction ☐ runaway or wander risk

☐ with medical, therapeutic or personal-care assistance needs _____

CONSTRUCTION CONTRACTOR: Check <input type="checkbox"/> if applicable → CONTRACTOR is also: <input type="checkbox"/> DESIGNER CoE Business Licence #: _____				
Contact: Last name	First name	Company name		Posse Customer ID #
Mailing address		City	Prov	Postal Code
Email	Telephone	Mobile		Fax
CHECK <input type="checkbox"/> ALL APPLICABLE TO PROPOSED WORK <input type="checkbox"/> Change of Use <input type="checkbox"/> Interior Alteration <input type="checkbox"/> Exterior Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Gas <input type="checkbox"/> Plumbing <input type="checkbox"/> Automatic Fire Sprinkler System <input type="checkbox"/> HVAC <input type="checkbox"/> Duct-type smoke detector <input type="checkbox"/> Electrical <input type="checkbox"/> Fire Alarm System				
Total sq ft area of work involved (all levels except not attached garage unless conversion is part of project):	# dwelling units removed (example semi-detached conversion to care facility):	Total # bedrooms proposed (if some for live-in caregivers/staff, note that here):		Cost of construction (not including furniture, interior window covering, design or permit fee, equipment, GST):

BUILDING PERMIT PROCESS is the project review before, during and after construction to verify that it meets current Alberta Building Code. Drawings are needed to confirm what permits are required for the work and/or Change of Use. **Change of Use** means a change of occupancy or intended occupancy of part or all of a building—even where no construction work is planned—and requires permit. Change of Use generally calls for current Code requirements and standards to be met, particularly for building accessibility (barrier-free provisions), life-safety systems, and structural/constructional characteristics.

BARRIER-FREE PROVISIONS Barrier-free design is the means of providing an accessible, functional environment for those with physical, sensory and developmental disabilities, and the elderly. ABC2006:DivisionB:3.8 provisions are applied to existing buildings at time of **Change of Use** or at time of renovation where washrooms, doorways and so on are being altered or newly constructed.

Search “Barrier-free Design Guide Alberta 2008” on the [Alberta Safety Codes Council website](http://albertasafetycodes.ca) for all details for fixtures, hardware, accessories, etc. If you believe that the required barrier-free provisions cannot or need not be met, application may be made ONLY to Alberta Municipal Affairs for a relaxation ruling; forms at <https://mahextranet.gov.ab.ca/apprelax/index.cfm>

PROJECT DRAWINGS AND CONSTRUCTION DETAILS Many alterations may be proposed without design professional involvement, with this application form and plans prepared by a knowledgeable person such as the building contractor who will do the work: provide 3 complete drawing sets, preferred minimum scale of 1:50 or ¼”=1ft (minimum acceptable is 1:100); must be legible, with labelled/dated pages, in consistently metric or imperial dimensions. Some of the construction details MAY require professional engineer design with stamped drawings (examples: automatic sprinkler system, structural design for complex bearing wall alterations, etc). Larger or more complicated projects will require professional involvement for the work. Minimum submission requirements are:

Check ☐ attached:

- ☐ **SITE PLAN** with
 - ☐ A north arrow, • corresponding Street and/or Avenue marked, • site dimensions (property lines)
 - ☐ Dimensions and location of all existing structure/buildings and any proposed additions/new structures
 - ☐ Dimensioned layout of all vehicle parking, and size and location of existing and proposed accesses to the site
- ☐ **FLOOR PLANS**
 - ☐ Exterior dimensions of existing and any proposed new construction, indicating Building Area “footprint” in square feet
 - ☐ Clearly label existing room layout for each storey/level
 - ☐ Clearly label proposed room layout indicating use of all rooms and spaces for each storey/level on separate sheets
 - ☐ BARRIER-FREE PROVISIONS (entry, path of travel, washrooms. etc ...) must be shown OR provide Relaxation from Municipal Affairs
- ☐ **ELEVATION DRAWINGS**
 - ☐ Showing all exterior sides of existing and any proposed new construction; photos acceptable where no changes planned
 - ☐ Mark existing and any proposed new exterior finishing materials
 - ☐ Mark building height: dimension and number of storeys
- ☐ **CONSTRUCTION DETAILS**
 - ☐ Illustrating wall/floor/roof assembly details and materials, using cross sections and/or text including fire-resistance rated assemblies by reference to Alberta Building Code 2006 (or other recognized source) for floors, walls
 - ☐ Specific details for any structural modifications, new ramps, new exits, stairs, etc
 - ☐ Mechanical and electrical floor plans detailing all new/revised work, equipment, etc.
 - ☐ Professional engineer-stamped automatic sprinkler system drawings/hydraulic calculations and duly-signed schedules, if automatic sprinkler system is required.
 - ☐ Professional engineer-stamped fire alarm system and duly-signed schedules, if fire alarm system is required.
 - ☐ Any other information to assist in plans review in order that building permit may be issued

Payment Information

Licences are not issued until all licence fees are paid. Business licence fees vary depending on the category(s) your operations are classified into.

If applying in person, payment options are: cash, debit, cheque or credit card.

If applying by fax, email or mail: we will call you at the time of application processing to advise you of the cost of your licence and you may pay by credit card.

Normal office hours are Monday to Friday, 8:00 a.m. – 4:30 p.m., with the exception of closures for holidays.

Applicant Signature: _____ **Date:** _____



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APPLICANT DECLARATION: I, (print name) _____ **confirm by my signature below that**
1) all the information contained in this application is, to the best of my knowledge, true and complete and accurately represents the facts upon which will be based the decision to issue permits to construct and operate a Limited Group Home, Group Home or Lodging House;
2) I have read the "Guide to operating a rental accommodation" publication of the City of Edmonton and will abide by its directives;
3) I have read the meaning of AMBULATORY and NON-AMBULATORY as described in the GENERAL CONDITION, HEALTH AND WELL-BEING OF RESIDENTS section of this application, and will act in accordance with requirements arising and continuing from the residential care operation accordingly.
Date: _____ Signature of Applicant: _____ Check ☐ same as APPLICANT on form:

PROPERTY OWNER DECLARATION: I, (print name) _____ **confirm by my signature below that**
1) I have read the information contained in this application and believe it is, to the best of my knowledge, true and complete and accurately represents the facts upon which will be based the decision to issue permits to construct and operate a Limited Group Home, Group Home or Lodging House;
2) I have read the "Guide to operating a rental accommodation" publication of the City of Edmonton and will abide by its directives;
3) I have read the meaning of AMBULATORY and NON-AMBULATORY as described in the GENERAL CONDITION, HEALTH AND WELL-BEING OF RESIDENTS section of this application, and authorize the APPLICANT, BUSINESS OWNER, and CONTRACTOR to construct alterations and maintain the property in accordance with requirements arising and continuing from the residential care facility operation accordingly;
4) I am owner or an authorized signing officer for the owner of the property, and I authorize this application.
Date: _____ Signature of Property Owner/Agent _____ Check ☐ same as PROPERTY OWNER on form:

BUSINESS OWNER DECLARATION: I, (print name) _____ **confirm by my signature below that**
1) I have read the information contained in this application and believe it is, to the best of my knowledge, true and complete and accurately represents the facts upon which will be based the decision to issue permits to construct and operate a Limited Group Home, Group Home or Lodging House on the property;
2) I have read the "Guide to operating a rental accommodation" publication of the City of Edmonton and will abide by its directives;
3) I have read the meaning of AMBULATORY and NON-AMBULATORY as described in the GENERAL CONDITION, HEALTH AND WELL-BEING OF RESIDENTS section of this application, and will act in accordance with requirements arising and continuing from the residential care facility operation accordingly;
4) I am the BUSINESS OWNER or an authorized signing officer for the BUSINESS;
5) In the case of a Lodging House, the PROPRIETOR shall be provided with all necessary training and support to maintain current "Best Practices" as set down in the "Guide to operating a rental accommodation", AND I shall notify Residential Compliance Team coordinator immediately any change of PROPRIETOR OR change of PROPRIETOR's duties occurs.
Date: _____ Signature of authorized signing officer _____ Check ☐ same as OWNER on form:

PROPRIETOR DECLARATION: I, (print name) _____ **confirm by my signature below that**
1) The Lodging House address on this application is where I live full-time, and I do not maintain any other normal place of residence;
2) I have access to all parts of all buildings on the property, including locked areas and rooms;
3) My duties include to monitor and enforce all aspects of the site Fire Safety Plan, and to perform or oversee building maintenance such as for yard tending, snow shovelling, and power/light, heat and plumbing system maintenance, etc as required for minimum housing standards.
Date: _____ Signature of Proprietor _____ Check ☐ same as PROPRIETOR on form: