



LUB District / Zone:

SECONDARY SUITES QUESTIONNAIRE

Application Date: _		-			
Address					
	Block:				
I hereby acknowled	ge that the information prov	rided below is correct.			
Name:		Company:			
Mailing Address:					
Phone Number:		Alternate Phone:			
Email Address:					
Signature of Applica	ant		ite		-
Please answer the f	following questions to assist i	in the review of your de	velopment	permit application.	
1. Is the Secondar	y suite existing or proposed?	:Existing _	P	roposed	
2. Where will the	secondary suite be located?				
☐ Base	ement of primary dwelling				
Abo	ve a detached Accessory Build	ding / Garage			
☐ In a	stand-alone Accessory Buildir	ng			
☐ Add	ition to the dwelling				
Oth	er				
	ite is to be located in an acces		nverting an	existing accessory building, o	r
will this	be a new construction?	Existing Building		_New Construction	
3. What is the size	of the secondary suite?	(ft² / m²	2)		
4. How many on s	ite parking spaces are availab e: Stalls are required to be a mi	ole?		n x 6.0 m)	
Whe	ere are these stalls located?				
Doy	ou have back lane access	(garage, rear yard, front y YesNo	vard etc.)		_
5. Is there another	r existing secondary suite on	the lot?Yes	No		
If ye	es, please provide details:				

6.	Have you checked into water, sewer and gas servicing?YesNo
7.	Are there any home based businesses operating on site?YesNo
	If yes, does the business have a valid business license for the Town of Stony Plain?Yes No
8.	Please include a site plan with your application. Your site plan must include the following information:
	⇒ Location and dimensions of all buildings on the site including that in which the secondary suite will be located.
	All setbacks from accessory buildings to property lines (side yards, rear yard and front yard where applicable)
	 ⇒ Setback between the accessory building and the primary dwelling ⇒ Height of accessory building at highest pitch ⇒ Height of dwelling at the highest pitch
	□ Location and dimensions of all on site parking spaces Additional Information:-
Sh	aded Area is for Town Office Use Development/Building Permit File #
De	velopment Permit Required:YesNo
De	velopment Officer: Date:
Co	mments:
Bu	ilding Permit Required:YesNo
Bu	ilding Safety Codes Officer: Date:
Со	mments: