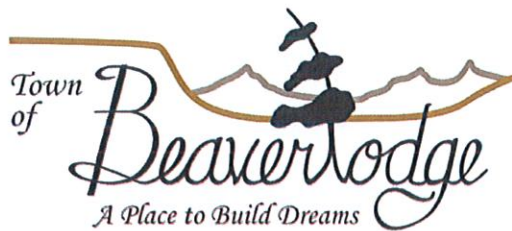




AGENDA FOR THE TOWN OF BEAVERLODGE SUBDIVISION & DEVELOPMENT BOARD MEETING
 TO BE HELD MONDAY MARCH 8 AT 6:45 PM
 COUNCIL CHAMMBERS, 1016 4TH AVENUE

1.0	<u>CALL TO ORDER:</u>	
2.0	<u>ADOPTION OF AGENDA:</u>	
3.0	<u>ADOPTION OF MINUTES:</u> 3.1 Feb 8, 2021 Subdivision & Development Board Meeting RECOMMENDATION: That the minutes of the Subdivision & Development Board meeting held Feb 8, 2021 be adopted as presented	pp 2,3
4.0	<u>OLD BUSINESS:</u>	
5.0	<u>NEW BUSINESS:</u> 5.1 Development Permit 2021-04 – Home Based Business Applicant: Mountain Massage & Body Works – Andrea Moncrieff Property: 722 – 7ST Lot 5 Blk 18 PL 042-5157 Zoning: Restricted Residential	PP 4-7
6.0	<u>ADJOURNMENT:</u>	



BEAVERLODGE, ALBERTA, CANADA
SUBDIVISION AND DEVELOPMENT BOARD MEETING MINUTES
WALKER ROOM 1016 4TH AVE @ 6:45 P.M. FEBRUARY 8, 2021

CHAIR Councillor Judy Kokotilo-Bekkerus Deputy Mayor Gena Jones
Councillor Calvin Mosher Mayor Gary Rycroft
Councillor Terry Dueck Councillor Hugh Graw
CAO Jeff Johnston
STAFF Tina Letendre, Deputy CAO Nichole Young, Executive Assistant (absent)

1.0 **CALL TO ORDER** Councillor Judy Kokotilo-Bekkerus called the meeting to order. **6:47 PM**

2.0 **ADOPTION OF AGENDA**

2.1

#259-2021-02-08 Councillor Terry Dueck

CARRIED: That the Subdivision & Development Board adopts the agenda as presented.

3.0 **ADOPTION OF MINUTES**

3.1

#260-2021-02-08 Deputy Mayor Gena Jones

CARRIED: That the minutes of the Subdivision & Development Board meeting held January 25, 2021 be adopted with the change in Tina's title to read Deputy CAO.

4.0 **OLD BUSINESS**

5.1 **NEW BUSINESS:**

5.1 DP 2021-03 – Home Based Business

Applicant: Shela Johnson

#261-2021-02-08 Councillor Cal Mosher

CARRIED That the Subdivision & Development Board approve the application for a home-based business as outlined in the Development Permit.



6.0 ADJOURNMENT:

#262-2021-02-08 Mayor Gary Rycroft

6:50 PM

CARRIED That the Subdivision and Development Board Meeting is adjourned.

Chair, Councillor Judy Kokotilo-Bekkerus

Tina Letendre, Deputy CAO

APPLICATION FOR A DEVELOPMENT PERMIT for Home Based Business

(Office Use Only)

APPLICATION: 2021-04 APPROVED DENIED

ROLL NUMBER: 30001100 FEES: N/A RECEIPT: _____

SPECIAL CONDITIONS APPLIED TO PERMIT APPROVAL: _____

DEVELOPMENT OFFICER _____ DATE / /
DD/MM/YYYY

ONCE APPLICATION IS APPROVED, APPLICANT CAN CONTINUE TO OPERATE HOME BASED BUSINESS AS LONG AS THEY MAINTAIN IN GOOD STANDING ANY MUNICIPAL, PROVINCIAL AND FEDERAL LICENCES REQUIRED BY THE BUSINESS.

TO BE COMPLETED BY THE APPLICANT:

OWNER/APPLICANT INFORMATION	
Applicant: <u>Mountain Massage and Body Works</u>	
Address: <u>Box 2041 Beaverlodge</u>	Postal Code: T0H 0C0
Phone Res: <u>780-814-1923</u>	Cell: _____
Business: _____	Fax: _____

Date of Application: <u>Feb 19/21</u>	Date Application deemed Complete: (Office Use Only) <u>Feb 19/21</u>
Proposed Start Date: <u>Once Approved</u>	

PROPERTY INFORMATION		
Lot: <u>5</u>	Block: <u>18</u>	Plan: <u>042-5157</u>
Civic Address: <u>722-7th Street</u>		

DEVELOPMENT INFORMATION

This is a **NEW** Business: **OR** This is an existing Business:

Will your business increase the amount of traffic in your area? Yes No

If yes or no, please provide explanation as to how or why:

One customer at a time



Town of Beaverlodge
Application for Business License

Legal Name of Business Mountain Massage & Body Works

Mailing Address Box 2041, Beaverlodge, AB Phone Number 780-814-1923

Business Location (Civic Address) 722 1st Beaverlodge AB

Commercial Location Home-based Business Other: _____

Ownership Type: Corporation Sole Proprietor Partnership

Type of Business Registered Massage

Is a Development Permit required for this business? If yes, provide Permit # _____

Describe in detail what your business will be doing I will be running a massage
business out of my home offering deep tissue

Owner(s):

If information is same as above than leave blank, only use if more than one owner

Last Name Moncrieff First Name Andrea

Telephone Number - Business _____ Home _____ Cell 780-814-1923

Fax Number _____ E-mail tawny_217@hotmail.com

Last Name _____ First Name _____

Telephone Number - Business _____ Home _____ Cell _____

Fax Number _____ E-mail _____

RECEIVED
FEB 19 2021

Who is the contact person for this account?

Last Name Moncreiff First Name Andrea

Telephone Number - Business _____ Home _____ Cell 780-814-1923

Fax Number _____ E-mail _____

Signature of Applicant: 

Date: Feb 11 2021

Note: Business Licenses are not prorated and are due annually on January 1.

The personal information on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act, Section 642 of the Municipal Government Act and/or Section 63 of the Safety Codes Act. The information will be used to process your application(s) and your name and address of where the development/use is being proposed may be included on reports that are available to the public. If you have any questions on the collection and use of this information, please contact the Town of Beaverlodge C.A.O. at (780) 354-2201.

OFFICE USE ONLY

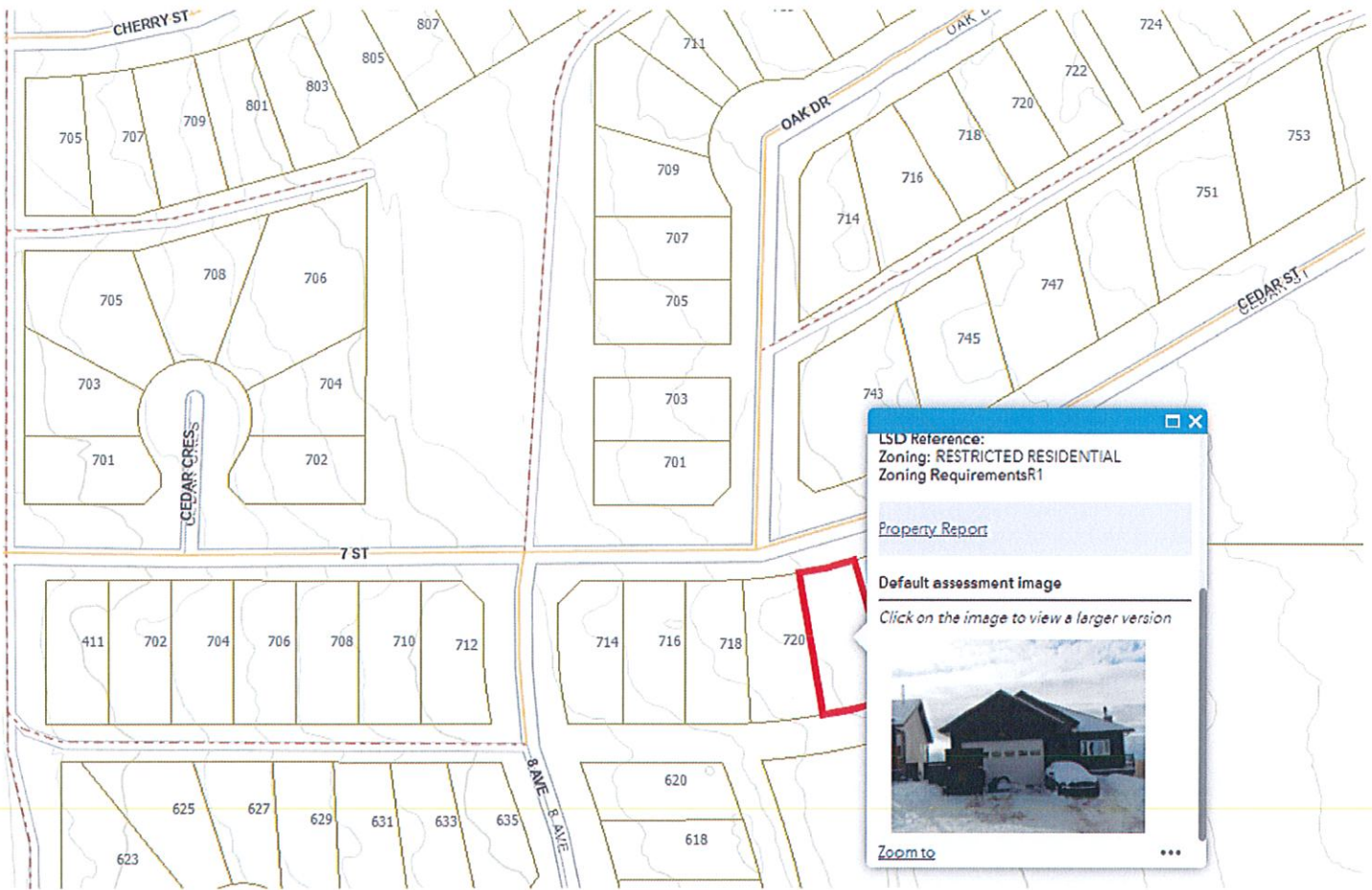
Application DENIED for the following reason(s):

OR

Application Issued on: _____ 20 _____

Receipt Number: _____

AUTHORIZED SIGNATURE: _____



LSD Reference:
Zoning: RESTRICTED RESIDENTIAL
Zoning RequirementsR1

[Property Report](#)

Default assessment image

Click on the image to view a larger version



[Zoom to](#)