

Security Deposit

Security Refund

Amount \$ _____

Security Deposit for Development Permit no. _____ - _____ - DP _____

- Temporary Dwelling during Construction
- Family Care Dwelling
- Moved on Dwelling
- Residential Sales Centre – Show Home – Temporary Structure
- Other _____

Removed Converted

Property address _____ Subdivision _____

Legal description Lot _____ or Condo unit _____ Block _____ Plan _____
(if applicable) Quarter _____ Section _____ Township _____ Range _____ Meridian 4

Securities provided by/released to _____
First and Last name(s)

Address _____
Street and Number City/Town Province Postal Code

Contact Phone Number _____ Alternate Phone Number _____

Email Address _____

***Securities must only be refunded to the person(s)/company who provided the original security**

By signing below I confirm all conditions of the Development Permit have been met and request the return of the security deposit.

Security Provider _____ Signature _____
First and Last name(s)

Collection and use of personal information

Personal information is being collected under the authority of section 33 (c) of the Freedom of Information and Protection of Privacy Act and will be used for administrative purposes and to process the collection and refund of security deposits required as a condition of a development permit. If you have any questions about the collection and use of your information, contact the Development Permitting Coordinator, Strathcona County at 780-464-8080.

Office use only

Date received _____ Receipt number _____

Condition # _____ of the Development Permit has been met.

Site inspection completed
Date of site inspection _____ Site inspected by _____

Site Photos and supporting documents attached

Request Administrative Assistant to: Withdraw Caveat Update Temporary Permit Expiry Log

By signing below I confirm all conditions of the Development Permit have been met and request the return of the security deposit.

Development Officer _____
First and Last name(s) Signature Date