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**LAND USE BYLAW
AMENDMENT APPLICATION**
Saddle Hills County
RR 1
Spirit River, AB T0H 3G0

FOR ADMINISTRATIVE USE
APPLICATION NO.
RECEIPT NO.

APPLICANT INFORMATION			COMPLETE IF DIFFERENT FROM APPLICANT		
NAME OF APPLICANT			NAME OF REGISTERED LANDOWNER(S)		
ADDRESS			ADDRESS		
POSTAL CODE			POSTAL CODE		
EMAIL			EMAIL		
CELL #	TELEPHONE (RES)	(BUS)	CELL#	TELEPHONE (RES)	(BUS)

LAND INFORMATION									
Legal description of proposed development site:									
QTR./L.S.	SEC.	TWP.	RG.	M.	OR	REGISTERED PLAN NO.	BLOCK	LOT	

LAND USE RECLASSIFICATION PROPOSED (If Applicable)	
FROM <small>(Zoning District Classification)</small>	TO <small>(Zoning District Classification)</small>

OTHER AMENDMENT PROPOSED (If Applicable)
If amendment is for a purpose other than reclassifying land districts, please specify the nature of the amendment:

REASONS SUPPORTING THE PROPOSED AMENDMENT

SIGNATURES

I/We enclose the required application fee of \$ _____

The following information is to be attached to this application:

- On a separate sheet, provide a scaled site plan of the property to be reclassified and the land uses surrounding the subject property within a 30 meter (98 ft) radius of the boundaries of the site.
- A current copy of the title.
- A copy of the caveats or restrictive covenants registered against the title affecting the land use.

I/WE HERBY AUTHORIZE REPRESENTATIVES OF THE COUNTY TO ENTER MY/OUR LAND FOR THE PURPOSE OF CONDUCTING A SITE INSPECTION IN CONNECTION WITH THIS APPLICATION.

I/WE HEREBY DECLARE THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY/OUR KNOWLEDGE, FACTUAL AND CORRECT

NOTE:		Date	PRINT NAME	SIGNATURE OF APPLICANT
Signature of ALL Registered Land Owner(s) required if different from Applicant		Date	PRINT NAME	SIGNATURE OF OWNER(S)
		Date	PRINT NAME	SIGNATURE OF OWNER(S)

FOR ADMINISTRATIVE USE

LAND USE DISTRICT: _____

FEE ENCLOSED: YES NO AMOUNT: \$ _____ RECEIPT.. _____

BY LAW # _____

FIRST READING: _____

PUBLIC HEARING DATE: _____

SECOND READING DATE: _____

THIRD/FINAL READING: _____

