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**LAND USE BYLAW
AMENDMENT APPLICATION**

Saddle Hills County
5201 – 47 Street, Box 69
Spirit River, AB T0H 3G0

FOR ADMINISTRATIVE USE
APPLICATION NO.
RECEIPT NO.

APPLICANT INFORMATION				<i>COMPLETE IF DIFFERENT FROM APPLICANT</i>			
NAME OF APPLICANT				NAME OF REGISTERED LANDOWNER(S)			
ADDRESS				ADDRESS			
POSTAL CODE	TELEPHONE (Res.)		(Bus.)	POSTAL CODE	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 (Zoning District Classification)	TO (Zoning District Classification)

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

SIGNATURE OF APPLICANT

Signature of **ALL** Registered Land Owner(s) required if different from Applicant

Date

SIGNATURE OF REGISTERED LAND OWNER(S)

Date

SIGNATURE OF REGISTERED LAND OWNER(S)

FOR ADMINISTRATIVE USE

LAND USE CLASSIFICATION: _____

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