



LAND USE BYLAW AMENDMENT APPLICATION

Saddle Hills County
RR 1
Spirit River, AB T0H 3G0

FOR ADMINISTRATIVE USE
APPLICATION NO.
DATE RECEIVED:

APPLICANT INFORMATION	COMPLETE IF DIFFERENT FROM APPLICANT
NAME OF APPLICANT	NAME OF REGISTERED LANDOWNER(S)
ADDRESS	ADDRESS
POSTAL CODE	POSTAL CODE
EMAIL ADDRESS *	EMAIL ADDRESS *
*By supplying the County with an email address, you agree to receive correspondence by email.	
CELL # TELEPHONE (RES) (BUS)	CELL# TELEPHONE (RES) (BUS)

LAND INFORMATION								
Legal description of proposed development site:								
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15%;">QTR./L.S.</td> <td style="width: 15%;">SEC.</td> <td style="width: 15%;">TWP.</td> <td style="width: 15%;">RG.</td> <td style="width: 15%;">M.</td> </tr> </table> OR <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30%;">REGISTERED PLAN NO.</td> <td style="width: 15%;">BLOCK</td> <td style="width: 15%;">LOT</td> </tr> </table>	QTR./L.S.	SEC.	TWP.	RG.	M.	REGISTERED PLAN NO.	BLOCK	LOT
QTR./L.S.	SEC.	TWP.	RG.	M.				
REGISTERED PLAN NO.	BLOCK	LOT						

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

_____ SIGNATURE OF APPLICANT

_____ PRINTED NAME OF APPLICANT

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

_____ Date

_____ SIGNATURE OF REGISTERED LANDOWNER(S)

_____ PRINTED NAME OF REGISTERED LANDOWNER(S)

_____ Date

_____ SIGNATURE OF REGISTERED LANDOWNER(S)

_____ PRINTED NAME OF REGISTERED LANDOWNER(S)

If there are more than two (2) registered landowners attach an additional sheet to this application.

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: _____

Notice of Collection

Protection of Privacy - **The personal information requested on this form is collected under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of amending the Saddle Hills County's Land Use Bylaw. Direct any questions about this collection to: FOIP Coordinator, Saddle Hills County Complex, RR1, Spirit River, AB, TOH 3G0. Phone: 780-864-3760. Email: foip@saddlehills.ab.ca**