Application No: _____

Mackenzie County DEVELOPER INCENTIVE APPLICATION

Business Name:	
Contact Name:	
Mailing Address:	Province:
City:	Postal Code:
Email:	Phone:
Civic Address(s) of Vacant Improved Property(s):	
Tax Roll(s):	
Number of Projects Completed in Application Year:	
Approximate Total Value of Projects Completed in Application Year:	
Civic Address(s) of Other Completed Projects in Application Year:	
Required Documents to be Submitted with Applic	ation for Each Eligible Property:
Required Documents to be Submitted with Applic	cation for Each Eligible Property:
-	
□ Final Inspection Report	Approved Development Permit

Landowner Signature: _____ Date: _____

Please submit completed applications by November 1st of each taxation year, to the Planning and Development Department.

The personal information on this form is collected in accordance with Section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act for the purpose of processing this application, issuing development permits and land use Bylaw Enforcement. The name of the permit holder and the nature of the permit are available to the public upon request. If you have any questions regarding the collection, use or disclosure of this information, please contact the FOIP Coordinator or (780) 927-3718.

Mackenzie County Box 640, 4511-46 Avenue Fort Vermilion, AB T0H 1N0

