

# LAND USE BYLAW AMENDMENT APPLICATION

APPLICATION NO. \_\_\_\_\_

COMPLETE ONLY IF DIFFERENT FROM APPLICANT

|                       |       |      |
|-----------------------|-------|------|
| NAME OF APPLICANT     |       |      |
| ADDRESS               |       |      |
| CITY/TOWN             |       |      |
| POSTAL CODE<br>(RES.) | PHONE | BUS. |

|                          |              |      |
|--------------------------|--------------|------|
| NAME OF REGISTERED OWNER |              |      |
| ADDRESS                  |              |      |
| CITY/TOWN                |              |      |
| POSTAL CODE              | PHONE (RES.) | BUS. |

**LEGAL DESCRIPTION OF THE LAND AFFECTED BY THE PROPOSED AMENDMENT**

|          |      |      |       |    |    |      |     |     |
|----------|------|------|-------|----|----|------|-----|-----|
| QTR./LS. | SEC. | TWP. | RANGE | M. | OR | PLAN | BLK | LOT |
|          |      |      |       |    |    |      |     |     |

**LAND USE CLASSIFICATION AMENDMENT PROPOSED:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**REASONS SUPPORTING PROPOSED AMENDMENT:**

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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 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.

I/WE HAVE ENCLOSED THE REQUIRED APPLICATION FEE OF \$ \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**NOTE: REGISTERED OWNER'S SIGNATURE REQUIRED IF DIFFERENT FROM APPLICANT.**

\_\_\_\_\_  
REGISTERED OWNER SIGNATURE

\_\_\_\_\_  
DATE

Mackenzie County  
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