



10511 – 103 Street
 High Level, AB
 T0H 1Z0
 Ph: 780-926-2201
 Fax: 780-926-2899
 development@highlevel.ca

Land Use Bylaw

Amendment Application

OFFICIAL USE ONLY

Development Permit #	Roll Number	Non-Refundable Fee	Date Received	Receipt Number
		\$		

Applicant Information

Applicant Name	Registered Land Owner Name
Applicant Mailing Address	Registered Land Owner Mailing Address
Address: City/Town: Province: Postal Code:	Address: City/Town: Province: Postal Code:
Applicant Phone	Registered Land Owner Phone Number
Applicant Email	Registered Land Owner Email Address

Land Information

Urban Legal Address					
Plan		Block		Lot	
Rural Legal Address	Quarter <input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE	Section	Township	Range	Meridian
Civic Address					

Amendments to the Land Use Bylaw

Current Land Use Zoning
<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> IND <input type="checkbox"/> C-1 <input type="checkbox"/> C-3 <input type="checkbox"/> CU <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> RES <input type="checkbox"/> DC
Proposed Land Use Zoning
<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> IND <input type="checkbox"/> C-1 <input type="checkbox"/> C-3 <input type="checkbox"/> CU <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> RES <input type="checkbox"/> DC <input type="checkbox"/> N/A



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Other Change to the Land Use Bylaw, Specify:	
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Reasons for Proposed Amendment

Application Checklist

<input type="checkbox"/>	Completed this Application Form	<input type="checkbox"/>	Copy of Certificate of Title – if requested
<input type="checkbox"/>	Application Fee Paid	<input type="checkbox"/>	Completed Site Plan with Dimensions
<input type="checkbox"/>	Registered Land Owner has signed this form, if the Applicant is not the Land Owner	<input type="checkbox"/>	Submitted Any Additional Information Requested by the Development Authority



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Applicant Declaration

I/We declare that the information given on this form and any attachments is a true statement of the facts concerning this development. I/We agree to comply with the Safety Codes Act, all applicable codes, regulations and bylaws. I/We hereby give consent to allow Town authorized person(s) the right to enter the above lot and/or buildings with respect to this permit application only.

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 issuance of development permits, Land Use Bylaw enforcement and property assessment purposes. The name of the permit holder, and the nature of the permit are available to the public upon request. If you have any questions about the collection, use or disclosure of this information, please contact the Municipal Clerk at 780-821-4008..

Signature of Applicant		Date	
Signature of Registered Land Owner		Date	
OFFICIAL USE ONLY			
Regular Council Meeting Date for Decision and First Reading	Date	Public Hearing Date for Second and Third Readings	Date
<input type="checkbox"/> Approved subject to permit conditions		<input type="checkbox"/> Refused for the following reason(s)	
Date of Decision	Date of Public Notice	Signature of Development Authority _____	
Date Permit Valid	Date Permit Expires		
IF APPLICABLE			
Corresponding Building Permit #		Safety Codes Officer Name	
		Safety Codes Officer Designation #	
Safety Codes Officer Signature			Date