

APPLICANT INFORMATION

Applicant: _____

Address: _____
(STREET) (MUNICIPALITY) (PROV)

Email: _____

Contact Person/Agent: _____

Phone: _____

Postal Code: _____

Fax: _____

Contact Phone (Cell): _____

Registered Landowner (if applicable): *(if same as Applicant, check here: ☐)*

Registered Name(s): _____

Address: _____
(STREET) (MUNICIPALITY) (PROV)

Contact Person/Agent: _____

Phone: _____

Postal Code: _____

Contact Phone (Cell): _____

AMENDMENT INFORMATION

Document(s) to be amended: (please check all that apply)

☐ Municipal Development Plan

☐ Area Structure Plan *(specify: _____)*

☐ Land Use Bylaw

☐ Other *(specify: _____)*

Statement of reasons for request to make an amendment to a Statutory Plan or Land Use Bylaw: (please use additional pages if necessary)

Please fill out Part A and/or B below as it applies to this application.

A) Redistricting: Existing Land Use District(s): _____ Proposed Land Use District(s): _____

Address/Location: _____

Legal Address: Lot _____ Block _____ Plan _____; or, Qtr _____ Sec _____ Twp _____ Range 25 West of 4th M

☐ Recent Certificate of Title for property attached

☐ Appropriate diagram of site showing location of proposed district(s) attached

B) Text Amendment: (briefly describe, quoting applicable provisions of document(s)) _____

NOTE: The municipality may request such additional information determined necessary to properly evaluate the application.

Other supporting information attached: _____

NOTES AND DECLARATION

Personal information is collected for the purpose of processing your application form and will be used to contact you regarding your application. Collection is authorized under section 4(c) of the Protection of Privacy Act. Your personal information will be used to process your application(s). Please be advised that your name, address and details related to your application may be inputted into an automated system to generate content to make decisions, recommendations, and predications and may be included on reports that are available to the public as required or allowed by legislation. Your information will only be used solely for the purposes related to the Town of Morinville.

By submitting an application for amendment I, the Applicant, am allowing right of entry for inspection purposes, and hereby make application and acknowledge all plans and information submitted are, to the best of my knowledge, true and accurate. It is understood that approval does not relieve the Applicant from full responsibility for ascertaining, complying, and carrying out any development in accordance with applicable Federal and Provincial Statutes and Regulations, and the conditions of any covenant, caveat, easement or other instrument affecting the building or the land.

Applicant Signature: _____

Date: _____

Landowner Signature: _____

Date: _____

INTAKE INFORMATION (for office use only)

Complete Application:

☐ Application Form – complete & landowner signed.

☐ Recent Title Search / Diagram of Proposal, if applicable.

☐ Other Required Information, if applicable.

☐ Receipt for Payment of Fees.

Accepted by: _____

Date: _____

Signature _____

Date Received Stamp