

APPLICATION for a LAND USE BYLAW AMENDMENT



4512 46 Street
Olds AB T4H 1R5
Main: 403. 507.4804
Fax: 403.507.4856
Email: planning@olds.ca

PLEASE PRINT

Bylaw # _____

Property Address			
Lot	Block	Plan	
Applicant		Tel Fax	Cell
Address of Applicant			Postal Code
Email			
REGISTERED OWNER		Tel Fax	Cell
Address of REGISTERED OWNER			Postal Code
Amendment Proposed: From _____ To _____			
Provide a written rationale for the amendment in the space below or in an accompanying letter.			
<p>OFFICE USE ONLY</p> <p>Land Use Bylaw Amendment Fee \$ _____ Receipt No. _____</p> <p>Area Structure Plan Amendment Fee \$ _____ Receipt No. _____</p> <p>Area Redevelopment Plan Amendment Fee \$ _____ Receipt No. _____</p>			

The following information is required to process your application.

Office	Applicant	Required Items
<input type="checkbox"/>	<input type="checkbox"/>	1. Current copy of CERTIFICATE OF TITLE (within 3 months) and copy of any REGISTERED UTILITY RIGHT OF WAY, EASEMENT AGREEMENT or CAVEAT by the Town
<input type="checkbox"/>	<input type="checkbox"/>	2. OWNER AUTHORIZATION (if the applicant is not the owner of the property)
<input type="checkbox"/>	<input type="checkbox"/>	3. APPLICATION FEE

I hereby make application for a Land Use Bylaw Amendment in accordance with the plans and supporting information submitted herein and which form part of this application.

Name of APPLICANT (Please Print)

APPLICATION for a LAND USE BYLAW AMENDMENT

Signature of APPLICANT

DATE

Owner Authorization Form

Bylaw # _____

PLEASE PRINT

Civic Address For Proposed Amendment		
Lot	Block	Plan
I hereby certify I am the Registered Owner or Agent authorized to act on behalf of the registered owner(s) of the above stated property.		
_____ Name of <input type="checkbox"/> Registered Owner / <input type="checkbox"/> Agent		
_____ Signature of <input type="checkbox"/> Registered Owner / <input type="checkbox"/> Agent		_____ Date

IF ABOVE SECTION IS NOT SIGNED BY A REGISTERED OWNER, THE SECTION BELOW MUST BE COMPLETED:

<input type="checkbox"/> I/we authorize the above named Agent to act on our behalf in submission of this Application.	
_____ Name of Registered Owner	_____ Name of Registered Owner
_____ Signature of Registered Owner	_____ Signature of Registered Owner
_____ Date	_____ Date
Please Note: <ul style="list-style-type: none">➤ A registered owner is required to sign.➤ Form must be submitted with original signatures.➤ If Registered Owner or Agent is a corporation, signed documentation showing names of those who have signing authority for the corporation must also be submitted.	

The personal information on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used in order to process this form. Please forward questions or concerns to the FOIPP Coordinator at 4512 46 Street, Olds, AB T4H 1R5. Phone 403-556-6981, Fax 403-556-6537, or email FOIP@olds.ca