

FOR OFFICE USE ONLY

Permit no.: _____ Tax roll no.: _____ Receipt no.: _____

I hereby make application for a Placement adjacent to County Owned Lands in accordance with the plans and supporting information submitted herewith. Please note that approvals are for one season April 1 to October 1 and must be applied for on a yearly basis.

Incomplete Applications will not be accepted. If an incomplete application is submitted by mail the application will be sent back for further information.

APPLICANT/AGENT INFORMATION

Full name of Applicant: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Full name of Landowner: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Please note: By providing your email address above, you are hereby consenting to receiving correspondence (including decision) solely by email in relation to this application.

APPLICANT LAND INFORMATION

Lot: _____ Block/Unit: _____ Plan: _____ Subdivision/Hamlet: _____

Rural address: _____ Division: 1 2 3 4 5 6 7

Quarter: _____ Section: _____ Township: _____ Range: _____ West of 5th meridian

Zoning: _____ Use: _____ Parcel size: _____ Acres/Ha

COUNTY OWNED LAND INFORMATION

Lot: _____ Block/Unit: _____ Plan: _____ Subdivision/Hamlet: _____

PROPOSED DEVELOPMENT

Dock placement Walking path to lake Outbuilding

Describe the proposed development: _____

Box 219, Sangudo AB T0E 2A0

T 780.785.3411 TF 1.866.880.5722 F 780.785.2985 E DEVASSISTANT@LSAC.ca www.LSAC.ca

APPLICANT DECLARATION

I hereby make application for a Placement adjacent to County Owned Lands in accordance with the plans and supporting information submitted herewith. I shall hold the County harmless to all liabilities and notice being placed on said structure that it is a private and not public property.

I hereby give my consent to allow any authorized person, pursuant to Section 542 of the Municipal Government Act, the right to enter the land and/or building(s) with respect to this application or potential verification of permit conditions arising from this application.

<i>Applicant(s) signature</i>	<i>Registered landowner signature</i>	<i>Application date</i>
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Please complete if there are multiple landowners:

I, _____ <i>[name of registered owner]</i>	AFFIRM THAT I AM THE REGISTERED OWNER	_____ <i>[date]</i>
I, _____ <i>[name of registered owner]</i>	AFFIRM THAT I AM THE REGISTERED OWNER	_____ <i>[date]</i>
I, _____ <i>[name of registered owner]</i>	AFFIRM THAT I AM THE REGISTERED OWNER	_____ <i>[date]</i>
I, _____ <i>[name of registered owner]</i>	AFFIRM THAT I AM THE REGISTERED OWNER	_____ <i>[date]</i>

Please note: The personal information provided will be used to process the Placement adjacent to County Owned Lands application and is collected under the authority of Section 642 of the Municipal Government Act. Personal information provided may be recorded in the minutes of the Municipal Planning Commission, or otherwise made public pursuant to the provisions of the *Freedom of Information and Protection of Privacy (FOIP) Act*, including Sections 39 through 42 therein.

Any documentation/information (including personal information) required for processing an application will become public once submitted to the Municipal Planning Commission or Development Authority for review and processing.

AUTHORIZATION FORM

Agent acting on behalf of a registered owner

I/We, _____ *[individual or firm making request]*, being the registered owner(s) of _____ *[legal land description]*, do hereby authorize _____ *[individual or firm making request]* to make application for development on the above mentioned property.

<i>Registered landowner signature</i>	<i>Registered landowner signature</i>	<i>Application date</i>
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