



FOR OFFICE USE ONLY

Application date (m/d/y): File no.: Receipt no.: Tax roll no.: Division no.: 1 2 3 4 5 6 7

CONTACT INFORMATION

Full name of Applicant:

Mailing address:

City: Province: Postal code:

Tel: Cel: Email:

Landowner(s) if different from Applicant:

Mailing address:

City: Province: Postal code:

Tel: Cel: Email:

APPLICATION TYPE

Fees submitted (non-refundable). I hereby make application for:

Table with 2 columns: Application Type and Fee Amount. Includes items like Redistricting application (\$2,000.00), Amend Municipal Development Plan (\$2,000.00), etc.

A current (within 14 days of today's date) Certificate of Title must be submitted with this application. If you are unable to supply a current title, an additional charge of \$20.00 will apply.

LEGAL DESCRIPTION & AREA OF LAND TO BE REDISTRICTED

All or part of: Quarter: Section: Township: Range: W of 5 Meridian

Unit: Lot: Block: Plan:

Rural address:

Current zoning: Proposed zoning:

Box 219, Sangudo AB T0E 2A0

T 780.785.3411 TF 1.866.880.5722 F 780.785.2359 E DEVASSISTANT@LSAC.ca www.LSAC.ca

Describe why the need to redistrict: _____

BUILDING DESCRIPTION (EXISTING STRUCTURE) <i>For example: house, garage, shed, deck, basement</i>	BUILDING SIZE SQ.M./SQ.FT. X SQ.M./SQ.FT.	SQ.M./SQ.FT.	WALL HEIGHT SQ.M./SQ.FT.

Is the development within half mile of any of the following? Answer yes or no.

Is the subject property near a steep slope exceeding 15%? yes no

Is the subject property within 0.5 mile (0.8km) or bounded by a body of water such as a river, stream, watercourse, lake, or other permanent body of water, or a canal, or a drainage ditch? yes no

If yes, state its name: _____

Is the subject property within 0.5 mile (0.8km) of the right-of-way of a highway? yes no

If yes, the highway number is: _____

Is the subject property within 0.5 mile (0.8km) of a sour gas facility? yes no

Is the subject property within 0.5 mile (0.8km) of a pipeline? yes no

Is the subject property within 0.5 mile (0.8km) of an oil facility? yes no

Is the subject property within 0.5 mile (0.8km) of land that is or has been used as a municipal landfill for the disposal of garbage or refuse? yes no

Is the subject property within 0.5 mile (0.8km) of land that is or has been used as a municipal sewage treatment facility or sewage lagoon? yes no

Has the land had a history of flooding? yes no

Is the subject property immediately adjacent to the municipal boundary? yes no

If yes, the adjoining municipality is: _____

PERMISSION TO ENTER PRIVATE PROPERTY

I authorize the staff of Lac Ste. Anne County and other agencies as designated in Section 653(2) of the *Municipal Government Act*, R.S.A. 2000, to enter my land for the purpose of conducting a site inspection to confirm existing site conditions in relation to compliance with existing bylaws and in connection with my development permit application.

Applicant: _____ Signature: _____ Date: _____

Landowner: _____ Signature: _____ Date: _____

Landowner: _____ Signature: _____ Date: _____

MULTIPLE LANDOWNERS

I declare that I, _____, am the registered Landowner. Date: _____

I declare that I, _____, am the registered Landowner. Date: _____

I declare that I, _____, am the registered Landowner. Date: _____

I declare that I, _____, am the registered Landowner. Date: _____

AUTHORIZATION FOR AGENT

I (We), _____, being the registered Landowner(s), hereby authorize: _____, to make application for redistricting on the above mentioned property.

Landowner: _____ Signature: _____ Date: _____

Landowner: _____ Signature: _____ Date: _____

Landowner: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date received (m/d/y): _____ Receipt no.: _____

Authorized County personnel: _____

Please submit completed Credit Card Authorization Form to Lac Ste. Anne County Administration.

PAYMENT AUTHORIZATION

Service description: _____

AMOUNT \$: _____

I authorize the above amount to be applied to the following credit card.

CREDIT CARD INFORMATION

Type of card: Visa Mastercard

Name of Card Holder (as it appears on credit card): _____

Name of Business (if applicable): _____

Credit card no.: _____ Expiry (m/y): _____ CVC: _____

Billing address: _____

City: _____ Province: _____ Postal code: _____

Please be advised that if you are remitting a payment with your credit card number, this application cannot be submitted by email to ensure security of your credit card information. This form can be mailed with your application to the address below. Alternatively, you can remit the application by email **without** the Credit Card Authorization Form and include contact information for payment. Please be advised that permits will not be processed until payment is received. This credit card information will be securely disposed of upon receipt of payment.

Signature of authorized Card Holder: _____ Date (m/d/y): _____

This personal information is being collected in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*. If you have any questions about the collection, use or disclosure of this personal information, please contact Lac Ste. Anne County FOIP Coordinator at the address below.