

Application Date: _____

Registered Landowner Name(s): _____
 Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____
 Phone: _____ Alt Phone: _____
 Email Address: _____

(Same as Landowner)

Applicant Name(s): _____
 Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____
 Phone: _____ Alt Phone: _____
 Email Address: _____

SITE INFORMATION

Legal Land Description:

Lot: _____ Block: _____ Plan: _____
 Section: _____ Twp: _____ Range: _____ W of _____ M
 Land Use Zoning: _____

DOCUMENT INFORMATION:

New Plan Amendment to Existing Plan

a) Name of Plan: _____

b) Proposed Area Structure Plan Changes: _____

c) Additional Information: _____

By submitting an application, I hereby allow right of entry for inspection purposes. I hereby certify that the information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application for development approval.

Registered Owner Name(s): _____

Registered Owner Signature(s): _____

Signature of Person (Agent) Acting on Behalf of Registered Owner(s): _____

The personal information provided as part of this application is collected in accordance with the Alberta Municipal Government Act (MGA), the Freedom of Information and Protection of Privacy Act (FOIP), the current Land Use Bylaw in force and the Alberta Safety Codes Act (SCA). It will be used by the Town for the purposes of issuing permits, safety codes compliance verification and monitoring and property assessment. The Town of Blackfalds is authorized to collect this personal information under Section 33(c) of the FOIP Act and by Section 3 of the MGA. The applicant's name and the nature of the permit will be publicly available, in accordance with FOIP. Collected personal information is protected from unauthorized access, use and disclosure in accordance with the FOIP Act, and may be reviewed and corrected upon request. Should you have any questions or concerns regarding the collection of this information, please contact the FOIP Coordinator at foip@blackfalds.com or 403.885.6370.

Application Date: _____

Other Information:

FOR OFFICE USE ONLY

ALL FEES MUST BE PAID AT TIME OF APPLICATION SUBMISSION

_____ Application Fee

1-61-00-590

Received Date: _____ RECEIPT NO.: _____

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