



# TOWN OF FORT MACLEOD

## APPLICATION FOR A LAND USE BYLAW AMENDMENT

FOR OFFICE USE ONLY
Date Received:
Accepted By:
Date Deemed Complete:
Application No. (if applicable):
Roll No.:
Fee:

Date of Application: \_\_\_\_\_

**IMPORTANT NOTE:** Although the Designated Officer is in a position to advise on the principle or details of any proposals, such advice must not be taken in any way as official consent.

A refusal is **not** appealable and a subsequent application for amendment involving the same lot and/or the same or similar use may not be made for at least 6 months after the date of refusal.

### APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Phone (alternate): \_\_\_\_\_

Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Is the applicant the owner of the property?  Yes  No

↓ IF "NO" please complete box below

Name of Owner: _____	Phone: _____
Mailing Address: _____	<b>Applicant's interest in the property:</b> <input type="checkbox"/> Agent <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other _____
City: _____	
Postal Code: _____	

### PROPERTY INFORMATION

Civic Address: \_\_\_\_\_

Legal Description: Lot(s) \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

OR Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

## AMENDMENT INFORMATION

What is the proposed amendment?

Text Amendment

Land Use Redesignation

IF TEXT AMENDMENT:

For text amendments to the *Land Use Bylaw*, attach a description including:

- The section to be amended;
- The change(s) to the text; and
- Reasons for the change(s).

IF LAND USE REDESIGNATION:

**Current Land Use Designation:** \_\_\_\_\_

**Proposed Land Use Designation  
(if applicable):** \_\_\_\_\_

**Map Attached**

Section 5.2 of the Administration part of the *Land Use Bylaw* regulates the information required to accompany an application for redesignation. Please attach a descriptive narrative detailing:

- the proposed designation and future land use(s);
- if and how the proposed redesignation is consistent with applicable statutory plans;
- the compatibility of the proposal with surrounding uses and zoning;
- the development suitability or potential of the site, including identification of any constraints and/or hazard areas (e.g. easements, soil conditions, topography, drainage, etc.);
- availability of facilities and services (sewage disposal, domestic water, gas, electricity, fire and police protection, schools, etc.) to serve the subject property while maintaining adequate levels of service to existing development; and
- any potential impacts on public roads.

In addition to the descriptive narrative, an Area Structure Plan or Conceptual Design Scheme may be required in conjunction with this application where:

- redesignating land from Transitional to another district;
- multiple parcels of land are involved;
- more than four lots could be created;
- several pieces of fragmented land are adjacent to the proposal;
- internal public roads would be required;
- municipal services would need to be extended; or
- required by Council or the Subdivision and Development Authority.

The Designated Officer or the Subdivision and Development Authority may also require a:

- geotechnical report; and/or
- evaluation of surface drainage and any other information;

if deemed necessary by the Designated Officer or the Municipal Planning Commission.

---

**SITE PLAN**

---

Plans and drawings, in sufficient detail to enable adequate consideration of the application, must be submitted in **duplicate** with this application, together with a plan sufficient to identify the land. It is desirable that the plans and drawings should be on a scale appropriate to the development. However, unless otherwise stipulated, it is not necessary for plans and drawings to be professionally prepared. Council may request additional information.

---

**DECLARATION OF APPLICANT/AGENT**

---

The information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts in relation to the application. I also consent to an authorized person designated by the municipality to enter upon the subject land and buildings for the purpose of an inspection during the processing of this application.

*IMPORTANT: This information may also be shared with appropriate government/other agencies and may also be kept on file by those agencies. The application and related file contents will become available to the public and are subject to the provisions of the Freedom of Information and Protection of Privacy Act (FOIP). For more information contact the Town of Fort Macleod FOIP Coordinator at 403-553-4425.*

---

APPLICANT

---

Registered Owner (if not the same as applicant)