



Town of Sylvan Lake
Municipal Government Building
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APPLICATION FOR AMENDMENT TO LAND USE BYLAW 1695-2015

FOR OFFICE USE ONLY

Date Received: _____ Fees Submitted: ☐ \$1000.00 ☐ \$2000.00 Receipt No.: _____
Current District: _____ To: _____ Bylaw: _____ File: _____

I/we hereby make application to amend Land Use Bylaw 1695/2015 in accordance with the supporting information submitted herewith and which forms part of this application. The personal information on this form is collected for the purpose of processing your application. It is collected under the authority of the *Municipal Government Act* and Bylaw 1695/2015 of the Town of Sylvan Lake. The application is protected by the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Development Office at (403) 887-2141.

1. REGISTERED LANDOWNER INFORMATION

Name(s): _____
(Please Print)
Address: _____ Postal Code: _____
(City, Prov.)
Telephone: (Res.) _____ Work: _____ Cellular: _____

APPLICANT OR PERSON AUTHORIZED TO ACT ON BEHALF OF REGISTERED OWNER (If different than Registered Owner):

Name: _____
(Please Print)
Address: _____ Postal Code: _____
(City, Prov.)
Telephone: (Res.) _____ Work: _____ Cellular: _____

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 a land use amendment.

Signature of Registered Owner(s) (Required)

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

2. LEGAL LAND DESCRIPTION (of Parcel for Proposed Development)

Plan: _____ Block: _____ Lot: _____ Civic Address: _____
Parcel Area for Re-Designation: _____ ☐ ft² ☐ m² ☐ Acres ☐ Hectares
AMENDMENT PROPOSED: From _____ To _____
(Current Land Use Designation) (Proposed Land Use Designation)

Certificate of Title Number: _____ Date of Certificate of Title: _____
Please provide a copy of a Current Certificate of Title, searched and dated not more than 30 days from the date of this application.

3. PLEASE STATE REASONS IN SUPPORT OF THIS APPLICATION.

4. GENERAL CHECKLIST: (must accompany this application)

- ☐ **Completed** Application
- ☐ Applicable Fees
- ☐ Certificate of Title (obtained at any Alberta Registries Office)
- ☐ Plot Plan Showing Area for Re-Designation
- ☐ Reasons in support of the proposed land use amendment.

Failure to complete this application fully, and to supply the required information, may cause delays in the processing of the application.

The Development Officer may require additional information.

Please note that all fees are non-refundable.

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Decision:

First Reading of Bylaw # _____ Date: _____ Carried/Defeated

Defeated for the Following Reason(s) _____

Public Hearing Date: _____ Second and Third Readings: _____ Carried/Defeated

Defeated for the Following Reason(s) _____
