



BYLAW AMENDMENT APPLICATION FORM

“An Agriculture Based Community”

FOR ADMINISTRATIVE USE
APPLICATION NO.

DATE RECEIVED

ROLL NO.

County of Northern Lights, # 600, 7th Ave. NW Box 10, Manning, AB, T0H 2M0
W: www.countyofnorthernlights.com | E: info@countyofnorthernlights.com | T: (780) 836-3348 | F: (780) 836-3663

This form is to be completed in full wherever applicable by the registered landowner of the subject property or by a person authorized to act on the registered owner's behalf.

APPLICANT INFORMATION			COMPLETE IF DIFFERENT FROM APPLICANT		
NAME OF APPLICANT			NAME OF REGISTERED OWNER		
ADDRESS			ADDRESS		
POSTAL CODE			POSTAL CODE		
EMAIL ADDRESS*			EMAIL ADDRESS*		
*By supplying the County with an email address, you agree to receive correspondence by email.					
PHONE (CELL)	PHONE (RES)	PHONE (BUS)	PHONE (CELL)	PHONE (RES)	PHONE (BUS)

LAND INFORMATION (IF LAND USE BYLAW MAP AMENDMENT)
Legal description of parcel to be subdivided: Registered Plan: _____ Block: _____ Lot (parcel): _____ QTR/LS: _____ Section: _____ Township: _____ Range: _____ Meridian: _____ Municipal Address (if applicable): _____

AMENDMENT INFORMATION
DETAILS OF PROPOSED AMENDMENT
<input type="checkbox"/> LAND USE BYLAW MAP AMENDMENT (REDESIGNATION OF LAND) CURRENT LAND USE DISTRICT: _____ PROPOSED LAND USE DISTRICT: _____
<input type="checkbox"/> LAND USE BYLAW (LUB) TEXT AMENDMENT <input type="checkbox"/> MUNICIPAL DEVELOPMENT PLAN (MDP) TEXT AMENDMENT <input type="checkbox"/> AREA STRUCTURE PLAN (ASP) AMENDMENT
DESCRIPTION OF AMENDMENT:

REQUIRED INFORMATION (FOR LAND USE BYLAW MAP AMENDMENT)
<input type="checkbox"/> SITE PLAN / <input type="checkbox"/> REAL PROPERTY REPORT <input type="checkbox"/> FEES <input type="checkbox"/> LAND TITLE <input type="checkbox"/> COPY OF CAVEATS/RESTRICTIVE COVENANTS REGISTERED ON TITLE <input type="checkbox"/> AERIAL IMAGES

REGISTERED LANDOWNER OR PERSON ACTING ON THE REGISTERED OWNER'S BEHALF

I/We, _____, hereby certify that:

I/We am the registered landowner or;

I/We am the agent authorized to act on behalf of the registered landowner; and 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;

I/We authorize representatives of the County to enter my/our land for the purpose of conducting a site inspection in connection with this application.

DATE: _____

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

SIGNATURE: _____

SIGNED COPY OF AGENT AUTHORIZATION MUST BE ATTACHED TO THIS FORM, IF APPLICABLE.

FOR ADMINISTRATIVE USE

LAND USE DISTRICT: _____

BYLAW NO.: _____

FIRST READING DATE: _____

PUBLIC HEARING DATE: _____

SECOND READING DATE: _____

THIRD/FINAL READING DATE: _____

FEE ENCLOSED: YES NO

AMOUNT: \$ _____

RECEIPT NO.: _____