

Application for Amendment to Land Use Bylaw

Foothills County

www.foothillscountyab.ca

309 Macleod Trail, Box 5605, High River, AB T1V 1M7 • Tel: 403-652-2341 Fax: 403-652-7880 Email: planning@foothillscountyab.ca

Oato Bossivod	Il accompany this application.
rate neceived ne	ceipt No
THIS SECTION T	D BE COMPLETED IN FULL BY THE APPLICANT
Name of Registered Owner (please print)	
hereby certify that I am the registered owner	
Name of Agent (please print)	to act as agent in the matter.
PLEASE ACCEPT THIS APPLICATION REGARDING	EGAL LAND DESCRIPTION
	twp range west of meridia
FO: (Choose One)	
,	to
Size of existing parcel(s)	Size of proposed parcel(s)
	orm and attachment hereto are full and complete and is to the best of my
authorized agent.	ncerning this application and I am the registered owner and/or the duly
_	
authorized agent.	
authorized agent. Date	Signed Agent Information
authorized agent. Date Landowner Information	Signed Agent Information Phone No
authorized agent. Date Landowner Information Phone No	Signed Agent Information Phone No Address:
authorized agent. Date Landowner Information Phone No Address:	Signed
authorized agent. Date Landowner Information Phone No Address: I consent to receive documents by email: Email Address:	Signed
authorized agent. Date Landowner Information Phone No Address: I consent to receive documents by email: Email Address: Right of Entry I, being the owner or person in possession or	Signed
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authorized agent. Date Landowner Information Phone No Address: I consent to receive documents by email: Email Address: Right of Entry I, being the owner or person in possession or person designated by Foothills County to ent application. Date	Agent Information Phone No
authorized agent. Date	Agent Information Phone No

**Important Note: Applications must be received with original signed signature. Photocopies, faxes and emails will not be accepted.