



**LAND USE BYLAW
AMENDMENT/REDESIGNATION
APPLICATION FORM**

Town of Crossfield
1005 Ross Street, Box 500
Crossfield, AB T0M 0S0
Tel: 403-946-5565
Fax: 403-946-4523
town@crossfieldalberta.com

APPLICANT: Name: _____
Mailing Address: _____
Phone: _____ Fax _____ Email _____

LANDOWNER: Name: _____
(If different than above) Mailing Address _____
Phone: _____ Fax _____ Email _____

LEGAL DESCRIPTION: Lot(s) _____ Block _____ Plan _____
Quadrant: _____ Section: _____ Township: _____ Range: _____ Meridian: _____

MUNICIPAL ADDRESS: _____

CURRENT LAND USE DESIGNATIONS (S): _____

PROPOSED LAND USE DESIGNATIONS (S): _____

In addition to completing this application form, please submit all information to support the proposed amendment, such as current copy (ies) of title(s), letter(s) of authorization from landowner(s), preliminary drawings of proposed development, real property report, studies, and assessments in accordance with the Municipal Development Plan, other statutory planning documents, and the Land Use Bylaw.

APPLICANT'S SIGNATURE: _____ DATE: _____

REGISTERED OWNER'S SIGNATURE: _____ DATE: _____

NOTE: This personal information is being collected under the authority of the *Municipal Government Act* and will be used in the processing of this application. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collecting of this information, please contact The Town Office, Box 500, 1005 Ross Street (403) 946-5565.

FOR OFFICE USE

File No.: _____ Bylaw Number: _____
Fee: _____ First Reading Date: _____
Date completed application received: _____ Public Hearing Date: _____
Council Decision: _____