



Box 600
 Crowsnest Pass, Alberta
 TOK 0E0
 Phone: 403-562-8836
 Fax: 403-563-5474

Office Use Only

Roll Numbers (If Applicable)

Fee

Date Received

Existing Land Use District

Proposed Land Use District

1st Reading Date

2nd and 3rd Reading Date

Land Use Amendment Application Form

I/We hereby make application for a Land Use Amendment (rezoning) under the provisions of Land Use By-Law # 1165, 2023:

Type of Application

Road Closure

Redesignation (Rezoning)

Applicant

Owner(s) of Land

Interest of applicant if not owner:

Same as applicant

Name:

Name:

Civic (Street)
Address:

Civic (Street)
Address:

Community:

Community:

Postal Box &
Code:

Postal Box & Code:

Phone:

Phone:

Email Address:

Email Address:

Property Description

Lot(s):

Block:

Plan:

Civic (Street)
Address:

Other:

Existing Land
Use District:

Survey Company
(Road Closures
Only):

Proposed Land
Use District:

Reason for proposed Land Use Amendment: (attach separate page if necessary)

The personal information provided as part of this application is collected under Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32(c) of the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing development permits, Land Use Bylaw enforcement and property assessment purposes. The name of the permit holder and the nature of the permit are available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.

See reverse.

OWNER SIGNATURE/PERMISSION LETTER

I understand and agree that the information I have provided herein and herewith is true, and to the best of my knowledge and abilities, accurate and complete.

I understand and agree that the approval of a Land Use Amendment is solely at the discretion of Municipal Council.

I understand and agree that Council approval of the Land Use Amendment does not constitute approval of any subsequent Development Permit, Building Permit or other Permits issued by the Municipality of Crowsnest Pass or other agencies working on behalf of the Municipality.

Must provide either Owner’s signature below OR permission letter authorizing an Agent to sign.

_____	_____	<input type="checkbox"/> Permission Letter Attached
Applicant Signature	Print name	
_____	_____	
Owner of Land Signature	Print name	

GENERAL SUBMISSION REQUIREMENTS

This list is not exhaustive, is for general guidance only and is not necessarily applicable to every application. All drawings must be submitted on sufficient paper to a scale and standard satisfactory to the Municipality.

Completed Application Form	<input type="checkbox"/> Received
Application Fee	<input type="checkbox"/> Received
Letters of Support (optional)	<input type="checkbox"/> Received

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