

| OFFICE USE ONLY          |  |                       |                      |
|--------------------------|--|-----------------------|----------------------|
| Application Fee: _____   | <input type="checkbox"/> DEBIT <input type="checkbox"/> CHQ <input type="checkbox"/> CSH | Receipt Number: _____ | Date Received: _____ |
| Land Use District: _____ | Division: _____  | Tax Roll No.: _____   | File Number: _____   |

## Land Use Amendment

All development permit applications for a Land Use Amendment must include this form fully completed and signed, including all required and additional information items that may be requested for the application to be deemed a complete.

| Applicant Information   | Landowner Information   |
|---|---|
| <u>Applicant Name:</u><br><u>Mailing Address:</u><br><br>Phone: _____ Cell: _____<br><input type="checkbox"/> I acknowledge that the primary mode of communication will be by email if provided.<br><u>Email:</u> _____ | (If different from Applicant)<br><u>Registered Owner Name(s):</u><br><br><u>Mailing Address:</u><br><br>Phone: _____ Cell: _____<br><u>Email:</u> _____ |

| Parcel Information   |                          |
|--|--------------------------|
| LEGAL: <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW ¼   ½ Section _____ Township _____ Range _____ W4<br>LOT _____ BLOCK _____ PLAN _____ TITLE AREA: _____ hectares or _____ acres | Municipal Address: _____ |
| <b>EXISTING BUILDINGS</b> (including number of dwellings):<br>Type _____ Number _____<br>Type _____ Number _____<br>Type _____ Number _____<br>Type _____ Number _____   |                          |

| Amendment Details (attach additional sheets, if necessary.)  |   |
|--|---|
| Subdivision required: <input type="checkbox"/> YES <input type="checkbox"/> NO   | Future plans for the proposed area: _____ |
| If applying for a <b>map amendment change</b> , indicate the proposed change in land use district: from _____ to _____.<br><br>Reason for proposed change:<br><br>_____<br><br>_____ |   |
| If applying for a text amendment provide the text and explanation of reason:<br><br>_____<br><br>_____   |   |

### Acknowledgement

**I / We, the Applicant and/or registered owner/s understand that failure to provide complete and accurate information to satisfy all the required items for my application may deem my application incomplete and may result in project processing delays\*. Any material falsehood or any omission of a material fact made by the applicant/owner with respect to this application may result in an issued permit becoming null and void.**

|                     |                            |                            |
|---------------------|----------------------------|----------------------------|
|                     |                            |                            |
| Applicant Signature | Registered Owner Signature | Registered Owner Signature |
|                     |                            |                            |
| Print Name          | Print Name                 | Print Name                 |

The personal information requested on this form is being collected by the County of Vermilion River for purposes provided under Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and is protected by the FOIP Act. If you have any questions about this collection, contact the County Administrator at (780)846-2244 or (780)853-5492.

**\*All development and construction that occurs prior to permit issuance may be subject to penalty fees. A Stop Order may also be issued.**