



# LAND USE BYLAW AMENDMENT APPLICATION FORM J

FOR ADMINISTRATIVE USE
APPLICATION NO.
DATE RECEIVED
DATE COMPLETE

Village of Rycroft, 4703 – 51<sup>st</sup> Street, Box 360, Rycroft, AB, T0H 3A0  
 W: [www.rycroft.ca](http://www.rycroft.ca) | E: [rycroft@rycroft.ca](mailto:rycroft@rycroft.ca) | T: (780) 765-3652 | F: (780) 765-2002

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

LAND INFORMATION									
Legal description of proposed development site: <table style="display: inline-table; border: none; margin-left: 20px;"> <tr> <td style="border: 1px solid black; padding: 2px;">QTR./L.S.</td> <td style="border: 1px solid black; padding: 2px;">SEC.</td> <td style="border: 1px solid black; padding: 2px;">TWP.</td> <td style="border: 1px solid black; padding: 2px;">RG.</td> <td style="border: 1px solid black; padding: 2px;">M.</td> <td style="padding: 0 10px;">OR</td> <td style="border: 1px solid black; padding: 2px;">REGISTERED PLAN NO.</td> <td style="border: 1px solid black; padding: 2px;">BLOCK</td> <td style="border: 1px solid black; padding: 2px;">LOT</td> </tr> </table>	QTR./L.S.	SEC.	TWP.	RG.	M.	OR	REGISTERED PLAN NO.	BLOCK	LOT
QTR./L.S.	SEC.	TWP.	RG.	M.	OR	REGISTERED PLAN NO.	BLOCK	LOT	

LAND USE RECLASSIFICATION PROPOSED (If Applicable)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">FROM</td> <td style="width: 50%; border: none;">TO</td> </tr> <tr> <td style="border: none; text-align: center;">(Zoning District Classification)</td> <td style="border: none; text-align: center;">(Zoning District Classification)</td> </tr> </table>	FROM	TO	(Zoning District Classification)	(Zoning District Classification)
FROM	TO			
(Zoning District Classification)	(Zoning District Classification)			

OTHER AMENDMENT PROPOSED (If Applicable)
If amendment is for a purpose other than reclassifying land districts, please specify the nature of the amendment:

REASONS SUPPORTING THE PROPOSED AMENDMENT

**SIGNATURES**

I/We enclose the required application fee of \$ \_\_\_\_\_

The following information is to be attached to this application:

- On a separate sheet, provide a scaled site plan of the property to be reclassified and the land uses surrounding the subject property within a 90 meter (285 ft) radius of the boundaries of the site.
- Current copy of the title.
- Copy of the caveats or restrictive covenants registered against the title affecting the land use.
- Completed Owner's Authorization (Form I) where the applicant is an agent for the owner

THE DEVELOPMENT OFFICER MAY REFUSE TO ACCEPT AN APPLICATION TO AMEND THIS BYLAW IF THE INFORMATION REQUIRED HAS NOT BEEN SUPPLIED OR IF, IN HIS/HER OPINION, IT IS OF INADEQUATE QUALITY TO PROPERLY EVALUATE THE APPLICATION

I/WE HEREBY AUTHORIZE REPRESENTATIVES OF THE VILLAGE TO ENTER MY/OUR LAND FOR THE PURPOSE OF CONDUCTING A SITE INSPECTION IN CONNECTION WITH THIS APPLICATION

I/WE HEREBY DECLARE THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY/OUR KNOWLEDGE, FACTUAL AND CORRECT

\_\_\_\_\_ Date

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

**NOTE:**

Signature of **ALL** Registered Land Owner(s) required if different from Applicant

\_\_\_\_\_ Date

\_\_\_\_\_  
SIGNATURE OF REGISTERED LANDOWNER(S)

\_\_\_\_\_  
PRINTED NAME OF REGISTERED LANDOWNER(S)

\_\_\_\_\_ Date

\_\_\_\_\_  
SIGNATURE OF REGISTERED LANDOWNER(S)

\_\_\_\_\_  
PRINTED NAME OF REGISTERED LANDOWNER(S)

If there are more than two (2) registered landowners attach an additional sheet to this application.

**FOR ADMINISTRATIVE USE**

LAND USE DISTRICT: \_\_\_\_\_

FEE ENCLOSED: YES  NO  AMOUNT: \_\_\_\_\_ RECEIPT: \_\_\_\_\_

BY LAW # \_\_\_\_\_

FIRST READING: \_\_\_\_\_ PUBLIC HEARING DATE: \_\_\_\_\_

SECOND READING DATE: \_\_\_\_\_ THIRD/FINAL READING: \_\_\_\_\_

**Notice of Collection**

Protection of Privacy - Any personal information that the Village of Rycroft may collect on this form is in compliance with Section 33 (c) of the [Alberta Freedom of Information and Protection of Privacy Act](#) and will be protected under Part 2 of the Act. The information collected is required for the purpose of processing the Development Permit Application. If you have any questions about the collection, please contact the Village's Freedom of Information and Protection of Privacy Coordinator at (780) 765-3652.