1 Waskasoo Avenue, P.O. Box 10, Penhold, AB T0M 1R0
Tel: 403-886-4567 Fax: 403-886-4039

OUTLINE PLAN APPLICATION

PART I - APPLICANT INFORMATION

NAME OF CONTACT PERSON / COMPANY:	TELEPHONE:
EMAIL ADDRESS:	CELL:
MAILING ADDRESS (including Postal Code):	
NAME OF REGISTERED OWNER (if different):	TELEPHONE:
MAILING ADDRESS (including Postal Code):	

PART II - SITE INFORMATION

LOT:	BLOCK:	PLAN:	
SECTION:	TWP:	RANGE:	W OF _____ M:

PART III – DOCUMENT INFORMATION

☐ EXISTING OUTLINE PLAN	☐ NEW OUTLINE PLAN
NAME OF PLAN:	

PART IV – PURPOSE FOR THE AMENDMENT ☐ **TEXT AMENDMENT** ☐ **MAP AMENDMENT** ☐ **OTHER**

Please indicate the development objectives, specific amendment(s), and the reason for the request:

_____

_____

_____

PART V – REGISTERED OWNER OR PERSON ACTING ON THE REGISTERED OWNER'S BEHALF:

I, _____ hereby certify that

☐ I am the registered owner, or ☐ I am authorized to act on behalf of the registered owner(s),

and that the information given on this form is complete and is, to the best of my knowledge, a true statement of the facts relating to this application. I/We hereby give my/our consent to allow Council or a person appointed by it the right to enter the above land with respect to this application only.

_____
Signature

PART VI – AUTHORIZATION TO ACT ON BEHALF OF THE REGISTERED OWNER (IF APPLICABLE):

I (We) hereby authorize _____ to act on my (our) behalf on matters pertaining to this application.

_____ _____
DATE SIGNATURE OF OWNER

This personal information is being collected under the authority of Land Use Bylaw 661/11 and the Municipal Government Act (MGA) and will be used for the Town's Planning and Development decisions and is protected by the privacy provisions of the Freedom of Information of Protection of Privacy (FOIPP) Act.

PLEASE INCLUDE THE FOLLOWING WITH YOUR COMPLETED APPLICATION FORM:

☐ Application Fee ☐ 2 copies of Proposed Plan ☐ Digital Copy of Proposed Plan ☐ Current Certificate of Title ☐ Amendment(s)

FOR OFFICE USE ONLY

PART VII – DECISION NEW OR MAJOR AMENDMENT $2,000.00 ☐ MINOR AMENDMENT $1,000.00 ☐

DATE RECEIVED:	RECEIPT NUMBER:	FILE NUMBER:	DATE OF COUNCIL RESOLUTION:
COMMENTS:			