



APPLICATION TO AMEND OR ADOPT A CONCEPTUAL PLAN

I/We hereby make application to amend/adopt the _____ Conceptual Plan as outlined in the supporting information submitted with this application form.

Registered Owner(s)		Telephone	
Mailing Address			
City/Town		Postal Code	
Applicant (if different than Owner)		Telephone	
Mailing Address			
City/Town		Postal Code	

I/We _____ hereby certify that

☐ I am/We are the registered owner(s) of

☐ I/We have been designated as the agent(s) of the registered owner of

Certificate of Title #	Lot	Block	Plan	
NW / NE / SW / SE (please indicate)	Section	Township	Range	W5M

Signature of Applicant(s)

Date

Signature of Registered Owner(s)

Date



Proposed Admendment (describe — please attached sheet if additional space required)

I/We enclose \$1,000.00 being the application fee, payable to Yellowhead County.

This application form must identify the applicant, provide the legal description and municipal address of the lands to which the application relates, and describe the proposed amendment. The following supporting documentation is required:

- A Copy of the Certificate of Title.
- Map(s) illustrating the area affected by the proposed amendment.
- Purposes and reasons for amending the Conceptual Plan.
- Any other information, which explains or supports the proposed amendment.

The proposed amendment will be reviewed by the Planning Department who will make a recommendation to Council. Public Notice of the proposed amendment will be given in accordance with the provisions of the Municipal Government Act, Chapter M-26 R.S.A., 2000

****50% refund will be provided if item does not progress to 1st reading***

The personal information on this form is being collected under the authority of the Protection of Privacy Act (POPA) s.4(c) and is being used to process conceptual plan amendments or adopt new concept plan. Questions about the collection or use of this information can be directed to the Planning Department at planninginfo@yhcounty.ca or 780-723-4800

Application No _____	Date Received _____.
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