APPLICATION FOR DEVELOPMENT PERMIT - CHANGE OF USE

Municipal District of Greenview No. 16

4806 – 36 Avenue, Box 1079, Valleyview, AB T0H 3N0 www.mdgreenview.ab.ca

planning@mdgreenview.ab.ca - 780-524-7639

Applicant Information

Name: _____	Email: _____	
Address: _____		
Town: _____	Postal Code: _____	
Primary Phone: _____	Other Phone: _____	
Registered Owner *(if different from applicant)* _____	Registered Owner's Email: _____	Owner's Phone: _____

Land Information

Legal Location

LSD/QTR: _____ **SEC:** _____ **TWP:** _____ **RGE:** _____ **M:** _____ *or* **Plan #:** _____ **Block:** _____ **Lot:** _____

Current Use

_____

Proposed Use

_____

Why are you proposing this change of land use?

This application is for changing the use of an established building.

If you are proposing a new building - please apply using another form.

Please explain in as much detail as possible

(ex: The building I plan to run a restaurant out of previously operated as a retail store, requiring a change of use in the development)

_____

_____

_____

Please Note: Application Fees for development permits are **non-refundable**

Declaration

I/we hereby declare that the information submitted is, to the best of my/our knowledge, factual and correct. I/we understand that by signing this declaration, I/we also give consent for an authorized person of the MUNICIPAL DISTRICT OF GREENVIEW NO. 16 to enter upon the land that is subject to a Change of Use Application for the purposes of conducting a site inspection in order to evaluate the proposed development.

Note: If the applicant is not the registered landowner, the signature of the landowner(s) is required.
ALL landowners must sign the application

Date: _____ **Applicant:** _____

Date: _____ **Registered Landowner:** _____

The personal information on this form is collected under the authority of s4(c), s12(1)(a)(b)(c) and s13(1)(a)(b)(c) of the Protection of Privacy Act (POPA). We collect only what is necessary to respond to your request and to share the information with internal departments that relate to your application. Your name and the nature of the application may be disclosed to the public upon request and at a Public Council meeting. If you have questions about the collection, use or disclosure of your personal information, please contact Greenview's ATI Coordinator at 780-524-6079 or atia@mdgreenview.ab.ca.

FOR ADMINISTRATIVE USE ONLY

Application No.: _____ Fees Submitted: _____

Receipt No.: _____ Date Paid: _____

Comments: _____

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