LAND USE AMENDMENT APPLICATION

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: _____

Amendment

Legal Location

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

Current Land Use District: _____

Proposed Land Use District: _____

Parcel Size: _____ ☐Acres ☐Hectares

Physical Characteristics
Topography: _____ Vegetation: _____ Soil: _____

Water Services
Existing Source: _____ Proposed Source: _____

Sewage Services
Existing Disposal: _____ Proposed Disposal: _____

Approach Information _____

Proximity to sour gas or wells? ☐Yes, if so, where _____ ☐No

What is the reason you are proposing this change?

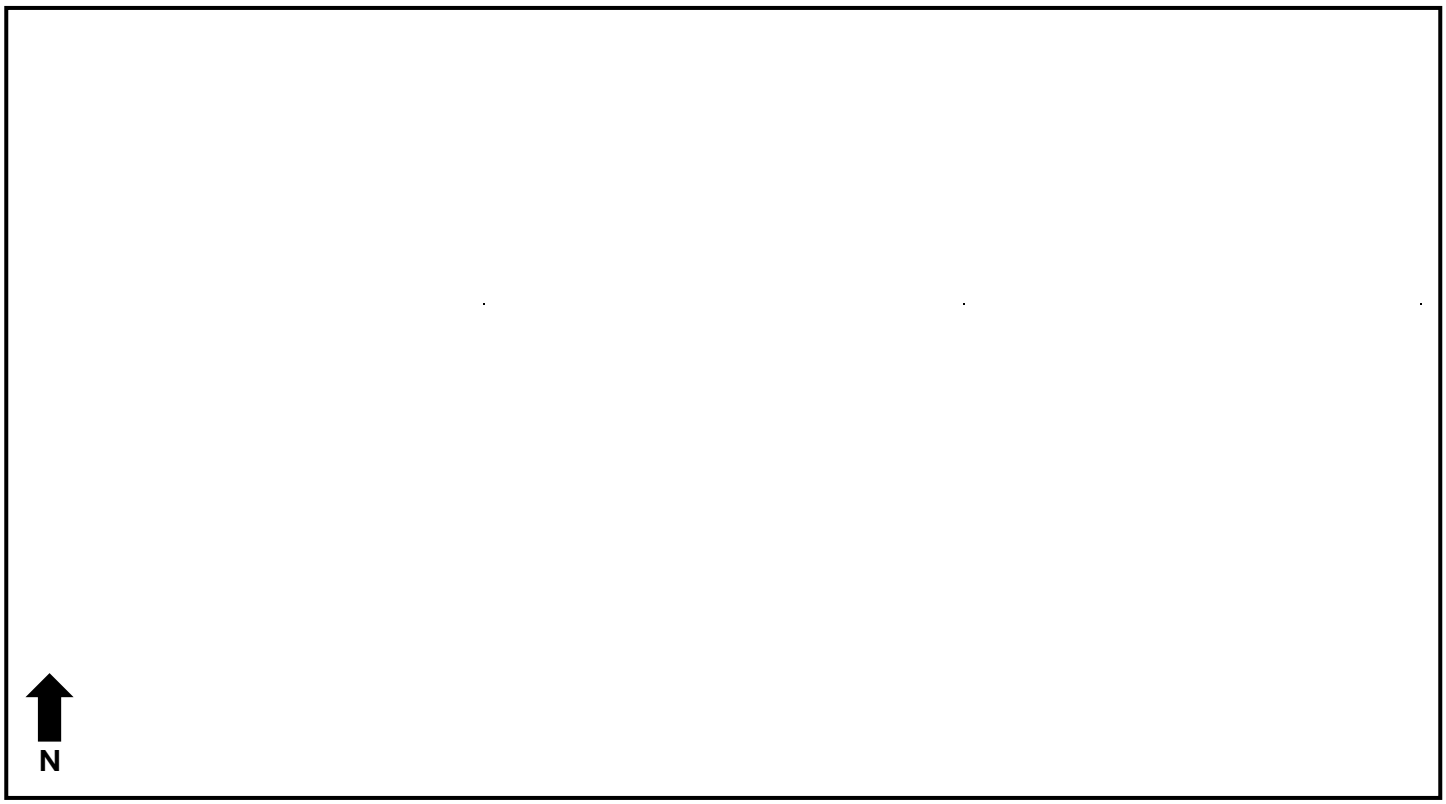
Please explain in as much detail as possible

(ex: After consolidating multiple smaller parcels, I am looking to redesignate my land from Agricultural Two (A-2) to Agricultural One (A-1) as the intent of the A-2 district is no longer suited to the purpose or use of the land)

_____

_____

Please Sketch your parcel boundaries



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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 Land Use Change 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 Owner:** _____

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: _____

_____