

File No #: _____

Application Date: _____

All of the information requested in the application and attached checklist is necessary to complete a thorough evaluation and timely decision on your application. All material submitted must be clear, legible, and precise; staff will only accept complete applications.

Type of amendment(s) being requested (please check all that apply):

- Land Use Bylaw
 Area Structure Plan
 Area Redevelopment Plan
 Intermunicipal Development Plan
 Municipal Development Plan

The Registered Owner(s) of the land, or a person authorized to act as an agent, must complete this form in its entirety.

I/We hereby make an application for an amendment in accordance with the plans and supporting information submitted herewith and which form part of the application.

Registered Owner of Land that is the subject of the proposed amendment(s):

Landowner/Company Name(s): _____

Contact Person: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Alt Phone: _____

Email Address: _____

Applicant (if different from the Registered Owner):

Contractor/Agent Name(s): _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Alt Phone: _____

Email Address: _____

LEGAL DESCRIPTION AND AREA OF LAND

All/Part of the _____ ¼ sec. _____ twp _____ range _____ west of the fourth meridian,
 being all/part of:
 Lot: _____ Block: _____ Plan: _____
 Certificate of Title No.: _____
 Area of the parcel of land: _____ acres/hectares

LOCATION OF LAND

The land is located in the Town of Blackfalds:

- a) Is the land situated immediately adjacent to the municipal boundary?
 No Yes – What is the adjoining municipality? _____
- b) Is the land situated within 1.6 kilometers of the centre line of a highway?
 No Yes – What Highway No. is this? _____
- c) Does the parcel contain or is it bounded by a river, stream, lake, or other body of water, or by a drainage ditch or canal?
 No Yes – State the name: _____
- d) Is the parcel within 1.5 kilometers of a sour gas facility?
 No Yes

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EXISTING AND PROPOSED USE OF LAND (Land Use Bylaw Amendment Only)

- a) Describe the existing use of the land: _____
- b) Describe the proposed use of the land: _____
- c) The current land designation, as classified under the Land Use Bylaw is: _____
- d) The proposed land designation, as classified under the Land Use Bylaw is: _____

Explain, in detail, rationale for the Land Use Bylaw Amendment request:
(further information may be provided and included on a separate sheet):

Is the property the subject of a license, permit, approval, or other authorization granted by the Natural Resources Conservation Board, Energy Resources Conservation Board, Alberta Energy Regulator, Alberta Energy and Utilities Board or Alberta Utilities Commission? Yes No

If yes, please describe: _____

Is the property the subject of the application the subject of a license, permit, approval, or other authorization granted by the Minister or granted under any Act the Minister is responsible for under s.16 of the Government Organization Act*? Yes No

If yes, please describe: _____

Is the subject property immediately adjacent to the County boundary? Yes No

If yes, please describe: _____

*The Minister is responsible for the following acts: AB Land Stewardship Act, Environmental Protection Act, Public Lands Act, Surveys Act, Water Act.

RESOURCES:

Water Act & Environmental Protection and Enhancement Act Approvals - **Alberta Energy Regulator:** <https://avw.alberta.ca/ApprovalViewer.aspx>
 Historic Sites/Resources (requires an account) – **Online Permitting and Clearance (OPAC):** <https://www.opac.alberta.ca/Login.aspx>
 Abandoned Wells – **Abandoned Well Map Viewer:** <https://extmapviewer.aer.ca/AERAbandonedWells/Index.html>
 Pipeline/Well Locations – **Regulatory Assurance:** <https://regulatoryassurance.alberta.ca/dras?id=public-notice>

REGISTERED OWNER(S) OR PERSON ACTING ON OWNER'S BEHALF

I/We, _____, hereby certify that
(please print full name(s))

- I/We are the registered owner(s), or
- I am the agent authorized to act on behalf of the registered owner

and that the information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application for a Land Use Bylaw Amendment.

Signature: _____ Date: _____

Signature: _____ Date: _____

AGENT AUTHORIZATION (WHEN APPLICABLE)

I/We, _____, being the registered
(please print full name(s))

owner(s) of the land being subdivided do hereby authorize _____
(individual or firm seeking application)

to make an application for a Land Use Bylaw Amendment affecting the above noted property.

Signature: _____ Date: _____

Signature: _____ Date: _____

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RIGHT TO ENTRY

Pursuant to Sections 653(2) of the Municipal Government Act, I hereby do, or do not grant consent for a designated officer of the Town of Blackfalds to enter upon the land described above, when subject to an application for a Land Use Bylaw Amendment, for the purpose of a site inspection.

Name: _____ Date: _____
(please print full name)

Name: _____ Date: _____
(please print full name)

Signature: _____ Date: _____

Signature: _____ Date: _____

APPLICANT'S RATIONALE

Please provide your rationale for requesting the proposed amendment. You may use the space below or prepare a separate statement and attach it to this application. This submission will be included in any reports presented to the Town of Blackfalds Municipal Planning Commission (MPC) and to City Council (attach additional pages if necessary).

BELOW FOR OFFICE USE ONLY

Amendment Application Fee: (2-61-00-526)	\$
TOTAL:	\$

Receipt #: _____

Date Paid: _____

Personal information collected on this form will be used in the evaluation of proposed amendment applications and to facilitate contact with referral agencies and adjacent landowners. This information is collected under the authority of the *Municipal Government Act*, as well as Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of the Act. Questions regarding the collection and/or use of this information may be directed to the Records Management & FOIP Coordinator at foip@blackfalds.ca or by phone at 403.885.6370.