



PLANNING AND DEVELOPMENT DEPARTMENT
P.O. Box 1679
Lac La Biche, AB T0A 2C0
Phone: (780) 623-1747 Fax: (780) 623-2039

REZONING APPLICATION REQUIREMENTS CHECKLIST

Notice to Applicants:

- 1) Applications are **NOT** considered complete **until all the information has been provided.**
- 2) You will be notified by letter if you are required to submit additional information, schedules or reports for your application.
- 3) You will be notified by letter when your application has been accepted as complete, and also when a decision has been made.

OFFICE USE ONLY

	The Applicant, Registered Landowner, AND Right Of Entry must be completed with each and every application as well as Property Information.
	Application signed by applicant and/or registered landowner.
	Certificate Of Title dated within the last 30 days.
	DETAILED Site Plan completed on attached sheet.
	Payment.
	Additional Information, Schedules or Reports: <ul style="list-style-type: none"> ○ Environmental Site Assessment ○ Biophysical Assessment ○ Stormwater Management Plan ○ Geotechnical Report

Officer's Name _____



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**APPLICATION FOR
REZONING**

File No.: _____ Bylaw No.: _____ Roll No.: _____

Date Application Received/Completed: _____

Applicant/Agent: _____ Phone: _____
 Address: _____ Cell: _____
 City/Prov. _____ Postal Code: _____ Fax: _____

SIGNATURE: _____ Email address: _____

Agent Authorization: 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.

Owner same as Applicant

Registered Owner: _____ Phone: _____
 Address: _____ Cell: _____
 City/Prov. _____ Postal Code: _____ Fax: _____

SIGNATURE: _____ Email address: _____

RIGHT OF ENTRY

Pursuant to Section 542 of the Municipal Government Act, I hereby do ____ or do not ____ grant consent for a designated officer of Lac La Biche County to enter upon the land as described above, for a site inspection. This may include taking photographs to be used in a report if required by a Development Officer.

Print Name: _____ **SIGNATURE:** _____

PROPERTY INFORMATION

Legal:
 Lot _____ Block _____ Plan _____ and Part of _____ ¼ Sec _____ Twp _____ Rge _____ W4M

Subdivision Name (if applicable) or Area of Development _____

Rural Address/Street Address _____ Parcel Size _____

PROPERTY INFORMATION CONTINUED...

- Is the subject property near a steep slope (exceeding 15%)? Yes No
- Is the subject property near or bounded by a body of water? Yes No
- Is the subject property near a provincial highway? Yes No
- Is the subject property within 1.5km of a sour gas facility? Yes No
- Is the subject property immediately adjacent to the County boundary? Yes No

If yes, the adjoining municipality is: _____

REDISTRICTING (REZONING) / NEW STATUTORY PLAN OR PLAN AMENDMENT

Reason for Amending Bylaw/Statutory Plan:

Name of Bylaw to be Amended _____

EXISTING Land Use District/Zoning of Property: _____

PROPOSED Land Use District/Zoning of Property: _____

Estimated Commencement Date: _____

APPLICATION REQUIREMENTS:

Applications are **NOT** considered complete **until ALL of the required information has been provided**. Please ensure that you have completed the application form accurately and clearly. Lack of information may delay consideration of your application.

Should additional information be required, you will be contacted directly by the Planning and Development Department.

You will be notified by letter when your application has been accepted as complete and also when a decision has been made regarding your application.

Information on Rezoning:

Rezoning applications are brought before Council. Public hearings are to be advertised for 2 consecutive weeks prior to the hearing. **Please be aware that a decision can take 3-4 months.**

OFFICE USE ONLY

Type of Payment:

- CREDIT CARD DEBIT CASH CHEQUE

Rezoning Permits

LUB Amendments..... \$1000.00

IDP Amendments..... \$1000.00

MDP Amendments..... \$1000.00

ASP Amendments..... \$1000.00

ARD Amendments..... \$1000.00

Receipt # _____

Authorization:

Officer's Name _____

Date Received _____

Date of Approval _____

Date Issued _____

The personal information provided is being collected under the authority of the Municipal Government Act and will be used for the purposes under that Act. The personal information that you provide may be made public, subject to the provisions of the Freedom of Information and Protection of Privacy Act. Any questions regarding the collection, use or disposal of this information should be directed to the Manager of Legislative and Information Services for Lac La Biche County at (780) 623-1747.

SITE PLAN

Date: _____

Legal: Lot _____ Block _____ Plan _____ and Part of _____ ¼ Sec _____ Twp _____ Rge _____ W4M

Name of Applicant: _____ **APPLICANT'S SIGNATURE:** _____

Please indicate the following required information on sketch:

File Number: _____

REDISTRICING (REZONING) APPLICATION SITE PLAN

- Location of **EXISTING** buildings.
- Location of any **water bodies** on subject property.
- All developed and undeveloped **road allowances**.
- Indicate the **North** direction.
- Location of all **right-of-way and easements** within or abutting the subject property.
- Indicate **existing zoning** of subject property.
- **Existing and proposed accesses** on property.

