



Town of Claresholm APPLICATION FOR A LAND USE BYLAW AMENDMENT

Application No. _____

APPLICANT INFORMATION

APPLICANT: _____

Mailing Address: _____ Telephone No. _____

REGISTERED OWNER: _____

Mailing Address: _____ Telephone No. _____

CONSENT SIGNATURES

I certify that I am the registered owner or that the registered owner(s) of the land described above is aware of this application and the information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts in relation to the application.

IMPORTANT: *This information may also be shared with appropriate government/other agencies and may also be kept on file by those agencies. The application and related file contents will become available to the public and are subject to the provisions of the Freedom of Information and Protection of Privacy Act (FOIP).*

DATE: _____

SIGNED: _____
Applicant

SIGNED: _____
Registered Owner

PROPERTY INFORMATION

CIVIC ADDRESS: _____

LEGAL DESCRIPTION: Lot(s) _____ Block _____ Plan _____

Quarter _____ Section _____ Township _____ Range _____

PROPOSED AMENDMENT

FROM: _____

TO: _____

APPLICANT'S SUBMISSION

Please state your reasons for applying for this amendment. (Attach a separate sheet if necessary.)
