

Please return forms to:
Planning & Engineering Department
5600 49 Street, Beaumont AB T4X 1A1
Phone: 780-929-8782
Fax: 780-929-3300
E-mail: planning@town.beaumont.ab.ca



Town Use Only	
File Number:	_____
Date Received:	_____
Completion Date:	_____
Fees Paid:	\$ _____
Receipt Number:	_____

LAND USE BYLAW AMENDMENT AND REDISTRICTING APPLICATION

Land Use Bylaw Amendment

Applicant Name: _____ **Daytime Phone:** _____

Mailing Address: _____ **City:** _____ **Postal Code:** _____

Email Address: _____

Description of Proposed Text Amendment: (Additional Information may be attached)

Reason for Proposed Text Amendment: (Additional Information may be attached)

Application fee - please see Schedule of Fees and Charges for amount

Signature: _____ **Date:** _____

Redistricting

Applicant Name: _____ **Daytime Phone:** _____

Mailing Address: _____ **City:** _____ **Postal Code:** _____

Email Address: _____

Owner: Requires an Applicants Authorization Form to be completed if different from Applicant.

Municipal Address or General Location: _____

Legal Description: Lot ____ Block ____ Plan _____ Other legal description: _____

Redistricting Proposal: Current Land Use District(s): _____ Proposed Land Use District(s): _____

Reason for Proposed Redistricting: (Additional Information may be attached)

Application fee - see Schedule of Fees and Charges for amount

Clear reproducible map showing: land proposed for redistricting; dimensions and areas of each district (in hectares)

Digital file of redistricting map (in AutoCAD DWG format)

Applicants Authorization Form, if applicant is not legal landowner

Current Certificate of Title

Other information requested at pre-application meeting (please list)

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 the Town of Beaumont 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 designated officer of the Town of Beaumont.

Signature: _____ **Date:** _____

The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used for the purpose of carrying out planning or development related matters. If you have questions about the collection or use of your personal information, contact the Town of Beaumont's FOIP Coordinator at 5600-49th Street, Beaumont, Alberta, T4X 1A1 or (780) 929-8782.



TOWN OF BEAUMONT

APPLICANT'S AUTHORIZATION

I, _____ being registered owner(s) of
NAME OF REGISTERED OWNER(S)

_____ do hereby authorize _____
LEGAL DESCRIPTION OF PROPERTY INDIVIDUAL OR FIRM
SEEKING APPLICATION

to make a redistricting application affecting the above noted property.

REGISTERED OWNER(S)

SIGNATURE

ADDRESS

DATE

PLEASE NOTE:

The above signed Authorization pertains only to the above noted application to which it is attached.