

Planning & Development
5600 - 49 Street
Beaumont, AB T4X 1A1
780-929-8782
planning@beaumont.ab.ca

OFFICE USE ONLY	FEES
File Number:	Application Fee:
Bylaw Number:	RECEIPT
Date Received:	Receipt #:

1. Applicant and Property Owner Information

Applicant/Consultant Name: _____
Mailing Address: _____
Municipality: _____ Province: _____ Postal Code: _____
Phone: _____ Cell Phone: _____
Email (required): _____

Is the Applicant also the Registered Owner? ☐ Yes (Do not fill out below) ☐ No (Fill out below - written authorization from registered owner required)

Owner Name: _____
Mailing Address: _____
Municipality: _____ Province: _____ Postal Code: _____
Phone: _____ Cell Phone: _____
Email (required): _____

2. Property Information (If applicable)

All/part of the _____ ¼ Sec. _____, Twp. _____, Rge _____, West of the 4th Meridian
OR Being all/part of Lot: _____ Block _____ Plan _____
OR Land Area: _____

3. Proposed Text Amendment (If applicable) (Additional Information may be attached)

4. Redistricting Proposal (If applicable)

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

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

6. Application Checklist

- ☐ Application fee - please see Schedule of Fees and Charges, Schedule V, Section A - Planning Fees 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)
- ☐ A public engagement plan or summary of public engagement to date (If applicable)
- ☐ Current Certificate of Title for each parcel of land within the plan area, dated no later than 30 days from the date of application.
- ☐ Owners Authorization Form, if applicant is not legal landowner. Every Landowner within the amendment area needs to sign an Owner's Authorization Form.
- ☐ Right of Entry From
- ☐ Other information requested at pre-application meeting (please list): _____

7. Applicant Authorization

I, _____ hereby certify that

_____ I am the registered owner,

_____ 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 Land Use Bylaw Amendment approval.

Address: _____ Signed: _____

Phone Number: _____ Date: _____

FURTHER INFORMATION MAY BE PROVIDED BY THE APPLICANT ON THE REVERSE OF THIS FORM

The personal information collected is authorized under Section 4(c) of the Protection of Privacy Act and is managed in accordance with the Act. It will be used to process your application and for administrative purposes directly related to the program or service for which you are applying. It may be entered into an automated system to generate content or make decisions, recommendations, or predictions. If you have questions about the collection or use of your personal information, please contact the Access and Privacy Officer at 780-929-8782.



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Municipal Government Act, 2000 (Section 542)
Right-of-Entry Authorization Form

Owners' consent to the Right-of-Entry by an authorized person of the City of Beaumont for the purpose of a land site inspection relative to a proposed land use bylaw amendment application.

Pursuant to Section 542 of the Municipal Government Act I do _____ or do not _____ grant consent for an authorized person of the City of Beaumont to enter upon the subject land for a site inspection.

LEGAL DESCRIPTION OF PROPERTY

REGISTERED OWNERS

SIGNATURE

ADDRESS

DATE

PLEASE NOTE:

The above signed Authorization pertains only to the above noted Land Use Bylaw Amendment application to which it is attached.

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Owner's Authorization Form

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

REGISTERED OWNER(S)

SIGNATURE

ADDRESS

DATE

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