



APPLICATION FOR REDESIGNATION

FILE # _____

Office Use Only			
File #:	Date Complete:	Fee:	Decision:

REDESIGNATION CHECKLIST

Documents required:	
	Completed Application Form
	Tentative Plan of land(s) to be rezoned
	Certificate of Title (Current Within 30 Days)
	Letter of Intent (reason for redesignation)
	Application Fee (as per the Master Rates Bylaw)

Please submit this sheet with the application.

The following personal information is for office use only. It will be removed from the package prior to circulation.

Owner(s): _____

Mailing Address _____

Phone Number

Cell Phone

Fax Number

Email Address

Agent: _____

Mailing Address _____

Phone Number

Cell Phone

Fax Number

Email Address



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The following information is required in order to facilitate the review of the application for redesignation. It is collected under the authorization of the subdivision and development regulations, AB reg. 44/2002, as needed.

This form is to be completed in full wherever applicable by the registered owner of the land that is the subject of the application or by a person authorized to act on the registered owners' behalf.

Name of Registered Owner(s): _____

Name of Agent Authorized to Act on Behalf of Owner: _____

1. LEGAL DESCRIPTION & AREA OF LAND TO BE REDESIGNATED

Circle One: **NE NW SE SW** Section _____ TWP _____ RGE _____ W4 (Lot _____ Block _____ Plan _____)

Certificate of Title #: _____ Land Use Bylaw Designation (zoning) _____

Rural Address (blue sign): _____

2. IS SUBJECT LAND ADJACENT TO:

Another Municipal boundary? Yes No If yes, please indicate: _____

A primary or secondary highway? Yes No If yes, please indicate number: _____

A river, stream, lake, canal, drainage ditch or other watercourse? Yes No If yes, please indicate name: _____

Is the land to be redesignated within:

- Yes No 450 m of an operating or non-operating landfill or hazardous waste facility
- Yes No 300 m from land currently being used for wastewater processing
- Yes No 1.5 km of a sour gas facility
- Yes No 1.6 km of a confined feeding operation
- Yes No 100 m of an oil well or pipeline

3. DESCRIBE EXISTING & PROPOSED USE OF LAND TO BE REDESIGNATED:

PO Box 400, 1600 – 2nd Street NE, Three Hills, AB T0M 2A0 Email: office@kneehillcounty.com
Telephone: 403-443-5541 Toll Free 1-866-443-5541 Fax 403-443-5115 www.kneehillcounty.com



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Current land designation: _____

Proposed land redesignation: _____

Explain, in detail, reasons for redesignation (can attach separate sheet): _____

4. EXISTING DEVELOPMENT ON THE LAND TO BE REDESIGNATED

Describe any buildings and/or structures on the land: _____

List any to be removed: _____

5. RIGHT-OF-ENTRY

The characteristics of the land must be considered when redesignation applications are reviewed. A visual inspection of the area proposed for redesignation is necessary to determine these characteristics. **By submitting an application I am allowing right-of-entry for inspection purposes.** I hereby make application and acknowledge all plans and information submitted are, to the best of my knowledge, true and accurate.

I am (we are) the registered owner(s) or

I am the agent authorized to act on behalf of the registered owner

Applicants Signature

Date

Applicants Signature

Date

6. AUTHORIZATION, IF APPLICABLE, TO ACT ON BEHALF OF THE REGISTERED OWNER(S)

I (We) hereby authorize _____ to act on my (our) behalf on matters pertaining to this application for redesignation.

Signature of Owner(s)

Date

The information noted on this redesignation form will be used to evaluate the proposed redesignation. This form and/or the information herein may be circulated to relevant agencies and adjacent landowners for comment and shall thereafter be treated as a public document.