

P.O. Box 6960, Wetaskiwin, AB T9A 2G5

Phone: (780) 352-3321 Fax: (780) 352-3486

Email: wpermits@county10.ca

		Date Received:			
DESCRIPTION OF PROPOSED AMENDMENT(S):  ☐ Amend Existing Section(s)			□Create New Section:		
Section(s):					
	Reasonir	ng for the pr	oposed amen	dment(s)	:
CONTACT INFORMATIO	NI.				
CONTACT INFORMATIO	N:			D.	
APPLICANT NAME(S):  Mailing Address:				Phone:	
Town/City:		Postal Code:		Email:	
Town, city.		1 ostar code.		Linuii	
AUTHORIZATION	. /				
<ul><li>By signing this application,</li><li>understand that the p</li></ul>		all not comme	ence unless a de	evelopme	nt permit has been issued;
<ul> <li>understand that the approximation</li> </ul>	pplication may be refused	d if the develo	pment does no	t conform	n to all aspects of the Land Use Bylaw;
<ul> <li>hereby authorize representation only; and,</li> </ul>	esentatives of the County	of Wetaskiw	in No. 10 to ent	er the ab	ove described lands with respect to this
Understanding the per					orm is for the sole purpose of the Land Use
•				•	otection of Privacy Act (POPA). For Wetaskiwin Privacy Officer at:
email <u>legislativeservice</u>	es@county10.ca; telepho				ox 6960 Wetaskiwin AB T9A 2G5, or visit in
person at 243019A Hw	vy.				

## FOR OFFICE USE ONLY

Signature of Authorized Applicant(s)

Central File Number	Application Number:	
Receipt Number:		

Signature of Authorized Landowner(s)