



P.O. Box 6960, Wetaskiwin, AB T9A 2G5 Phone: (780) 352-3321

Fax: (780) 352-3486

Email: wpermits@county10.ca

Redistricting Application

APPLICANT AND REGISTERED OWNER INFORMATION														
Applicant name(s):								Phon	e:					
Mailing Address:														
Town/City:				Postal Code:			de:	Email	l:					
Landowner name(s):								Phon	e:					
Maili	ng Ac	ldress:												
Town/City:				Postal Code:			de:	Email:						
LAND INFORMATION- LEGAL LOCATION OF PROPERTY MUST BE PROVIDED														
1/4		Section		Township		Range			W of □ 4 or □ 5 Meridian					
Lot		Block		Plan					*Legal location of property <i>must</i> be provided					
Subdiv	ision	/Hamlet:		<u>'</u>			Rural Address (Bl	ue Sign)						
				POSED RE										
		porting int				page 2 of this application Proposed Land Use District:			Area to be Redistricted					
Curre	iii La	iiu Ose D	1311101	•	 	розеці	Land Ose District.		Area to be neulstricted					
Reason for Redistricting:														
AUT	HOR	IZATIOI	N ACI	KNOWLEDG	SEME	ΝΤ								
		this appli				•••								
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 understand that the proposed development shall not commence unless a development permit has been issued; understand that the application may be refused if the development does not conform to all aspects of the 														
Land Use Bylaw;														
 hereby authorize representatives of the County of Wetaskiwin No. 10 to enter the above-described lands with respect to this application only; 														
ALL Landowners on title must sign below.														
7.22 Zanaownero on title mast sign octow.														
Name of Authorized Applicant(s) Signature of Authorized Applicant(s)														
ivalile	: OI AL	Name of Authorized Applicant(s) Signature of Authorized Applicant(s)												

The personal information collected through the Redistricting Application Form is for the sole purpose of the Development Permit Process. This collection is authorized by Section 4(c) of the Protection of Privacy Act (POPA). For questions about the collection of personal information, please contact the County of Wetaskiwin Privacy Officer at: email legislativeservices@county10.ca; telephone 780.352.3321; send post mail to Box 6960 Wetaskiwin AB T9A 2G5, or visit in person at 243019A Hwy.

APPLICATION REQUIREMENTS

The County may require any or all the following to be submitted as part of the application:									
 A site plan showing the legal description of the site, the location of any existing buildings on the site, the area of land proposed to be redistricted including dimensions. If the site is subject to an Area Structure Plan, a letter explaining how the redistricting is consistent with the Plan. Any additional information which, in the opinion of County Administration, is necessary to make an informed recommendation on the proposal to County Council (see below). The prescribed fees. A completed application form. (If the property is owned by more than one landowner, ALL landowners must be identified on application form and must sign the application). Applications are NOT considered complete until ALL the required information and fees have been provided. An incomplete application form and/or illegible supporting information may result in the application being returned to the applicant. 									
ADDITIONAL INFORMATION, DOCUMENTATION, OR REPORTS									
In accordance with the above you may be required to submit some or all the following, depending on the nature of the application:									
 ☐ Hydrogeological report ☐ Biophysical assessment ☐ Master sign plan ☐ Other: Should any additional information be required, you will be considered.	ontacted directly by the Plann	ing and Economic							
Development Department via phone, email, fax or regular m	ail.								
FOR OFFICE USE ONLY Current L.U. District:	Lot Area: Receipt	eceived:							

Current L.U. District:	Lot Area:	Receipt #		
Proposed L.U. District:		App#	Roll#	

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