



**PLANNING AND DEVELOPMENT DEPARTMENT**  
P.O. Box 1679  
Lac La Biche, AB T0A 2C0  
Phone: (780) 623-1747 Fax: (780) 623-2039

**REZONING APPLICATION REQUIREMENTS CHECKLIST**

Notice to Applicants:

- 1) Applications are **NOT** considered complete **until all the information has been provided.**
- 2) You will be notified by letter if you are required to submit additional information, schedules or reports for your application.
- 3) You will be notified by letter when your application has been accepted as complete, and also when a decision has been made.

**OFFICE USE ONLY**

	The Applicant, Registered Landowner, AND Right Of Entry must be completed with each and every application as well as Property Information.
	Application signed by applicant and/or registered landowner.
	Certificate Of Title dated within the last 30 days.
	DETAILED Site Plan completed on attached sheet.
	Payment.
	Additional Information, Schedules or Reports: <ul style="list-style-type: none"><li>○ Environmental Site Assessment</li><li>○ Biophysical Assessment</li><li>○ Stormwater Management Plan</li><li>○ Geotechnical Report</li></ul>

Officer's Name \_\_\_\_\_



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**APPLICATION FOR  
REZONING**

File No.: \_\_\_\_\_ Bylaw No.: \_\_\_\_\_ Roll No.: \_\_\_\_\_

**Date Application Received/Completed:** \_\_\_\_\_

Applicant/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
 City/Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ Email address: \_\_\_\_\_

**Agent Authorization:** 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.

**Owner same as Applicant**

Registered Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
 City/Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ Email address: \_\_\_\_\_

**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 Lac La Biche County 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 Development Officer.

Print Name: \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**PROPERTY INFORMATION**

Legal:  
 Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ and Part of \_\_\_\_\_ ¼ Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rge \_\_\_\_\_ W4M

Subdivision Name (if applicable) or Area of Development \_\_\_\_\_

Rural Address/Street Address \_\_\_\_\_ Parcel Size \_\_\_\_\_

**PROPERTY INFORMATION CONTINUED...**

- Is the subject property near a steep slope (exceeding 15%)?  Yes  No
- Is the subject property near or bounded by a body of water?  Yes  No
- Is the subject property near a provincial highway?  Yes  No
- Is the subject property within 1.5km of a sour gas facility?  Yes  No
- Is the subject property immediately adjacent to the County boundary?  Yes  No

If yes, the adjoining municipality is: \_\_\_\_\_

**REDISTRICTING (REZONING) / NEW STATUTORY PLAN OR PLAN AMENDMENT**

Reason for Amending Bylaw/Statutory Plan:

\_\_\_\_\_

Name of Bylaw to be Amended \_\_\_\_\_

**EXISTING** Land Use District/Zoning of Property: \_\_\_\_\_

**PROPOSED** Land Use District/Zoning of Property: \_\_\_\_\_

Estimated Commencement Date: \_\_\_\_\_

**APPLICATION REQUIREMENTS:**

Applications are **NOT** considered complete **until ALL of the required information has been provided**. Please ensure that you have completed the application form accurately and clearly. Lack of information may delay consideration of your application.

Should additional information be required, you will be contacted directly by the Planning and Development Department.

You will be notified by letter when your application has been accepted as complete and also when a decision has been made regarding your application.

Information on Rezoning:

Rezoning applications are brought before Council. Public hearings are to be advertised for 2 consecutive weeks prior to the hearing. **Please be aware that a decision can take 3-4 months.**

**OFFICE USE ONLY**

**Type of Payment:**

- CREDIT CARD  DEBIT  CASH  CHEQUE

Rezoning Permits

LUB Amendments..... \$1000.00

IDP Amendments..... \$1000.00

MDP Amendments..... \$1000.00

ASP Amendments..... \$1000.00

ARD Amendments..... \$1000.00

Receipt # \_\_\_\_\_

**Authorization:**

Officer's Name \_\_\_\_\_

Date Received \_\_\_\_\_

Date of Approval \_\_\_\_\_

Date Issued \_\_\_\_\_

*The personal information provided is being collected under the authority of the Municipal Government Act and will be used for the purposes under that Act. The personal information that you provide may be made public, subject to the provisions of the Freedom of Information and Protection of Privacy Act. Any questions regarding the collection, use or disposal of this information should be directed to the Manager of Legislative and Information Services for Lac La Biche County at (780) 623-1747.*

# SITE PLAN

Date: \_\_\_\_\_

Legal: Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ and Part of \_\_\_\_\_ ¼ Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rge \_\_\_\_\_ W4M

Name of Applicant: \_\_\_\_\_ **APPLICANT'S SIGNATURE:** \_\_\_\_\_

*Please indicate the following required information on sketch:*

*File Number:* \_\_\_\_\_

## REDISTRICING (REZONING) APPLICATION SITE PLAN

- Location of **EXISTING** buildings.
- Location of any **water bodies** on subject property.
- All developed and undeveloped **road allowances**.
- Indicate the **North** direction.
- Location of all **right-of-way and easements** within or abutting the subject property.
- Indicate **existing zoning** of subject property.
- **Existing and proposed accesses** on property.

