



Civic Addressing Request

Planning and Development Department

To facilitate the thorough evaluation and timely decision of your application all materials submitted must be clear, legible, precise. Thank you for your cooperation.

PLEASE PRINT

Applicant Name: _____
Business Name: _____
Mailing Address: _____ Postal Code: _____
Daytime Phone: _____ Alternate: _____ Fax: _____
Email Address: _____

Legal Land Description: Lot _____ Block _____ Plan _____
Alberta Township Grid System: LSD _____ Sec. _____ Twp. _____ Rge. _____ W4M
Existing Use of Land or Building: _____
Registered Owner: _____

Registered Owner (or agent of owner)

I, (print name) _____ hereby certify that: (please check one)
a) _____ I am the registered owner of the land described above; or
b) _____ I have been designated as the representative or agent of the owner
(written consent attached).

Signature

Date



REGIONAL MUNICIPALITY
OF **WOOD BUFFALO**

Civic Addressing Request Document Checklist

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- CERTIFICATE OF TITLE INDICATING REGISTERED PROPERTY OWNER.** If Applicant is not the registered owner, a letter of authorization from the owner shall accompany the application.
- DEVELOPMENT PERMIT.** If this is a new facility or use, please provide a copy of the development permit obtained from the Planning and Development department for reference.
- SITE PLAN.** Please provide a context sketch for the facility that requires new addressing in relation to the new address being requested.