



Application for Zoning Certificate

OFFICE USE ONLY

Fee: _____
Receipt No: _____

Purpose: A Zoning Certificate shall confirm the Land Use Bylaw zoning of the specified address as of the date of signing.

This Application Form shall be submitted once **complete**. Please note:

- An **Administrative Fee** will be withheld for any refunds. Please note that all applicable permit refunds will be issued by cheque only

I/We hereby make application under the provisions of the Land Use Bylaw 99/059 for a Zoning Certificate

PLEASE PRINT

☐ **Applicant Information:**

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

☐ **Property Information**

Legal Land Description¹: _____ Lot: _____ Block: _____ Plan: _____
Alberta Township Grid System: LSD _____ Sec _____ TWP _____ Range _____ W4M
Civic Address: _____

☐ **Credit Card Information**

Credit Card #: _____ Card Type: _____
Card Holders Name: _____ Expiry Date: _____

☐ **Applicant**

I, _____ hereby certify that

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.

Signature

Date

The personal information on this form is authorized under Section 4(c) of the *Protection of Privacy Act* and is managed in accordance with the *Act*. The personal information will be used as contact information and to process your application. If you have questions about the collection or use of your personal information, please contact PULSE at 780-743-7000, 1-800-973-9663, or online at rmwb.ca/pulse.