



# 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 26/001 for a Zoning Certificate

**PLEASE PRINT**

**Applicant Information:**

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Property Information**

Legal Land Description<sup>1</sup>: 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](http://rmwb.ca/pulse).