



REDISTRICTING APPLICATION

I/We hereby make application to amend Land Use Bylaw No. 1373 of the Camrose County.

Applicant(s) _____ Telephone _____

Address _____ Email: _____

City _____ Prov _____ Postal Code: _____

Registered Owner(s) _____ Telephone _____

Address _____ Email: _____

City _____ Prov _____ Postal Code: _____

Location of property containing the proposed redistricting:

_____ 1/4 Sec _____ Twp _____ Range _____ W4

Lot _____ Block _____ Registered Plan _____

Parcel Size _____

** Include a sketch of the proposed redistricting

Amendment Proposed:

Current Zoning: _____ Proposed Zoning: _____

Right of Entry:

I authorize staff of Camrose County and referral agencies to enter my land for the purpose of conducting a site inspection with respect to my application.

Date of Application

Signature of Applicant

Signature of Registered Owner

Return form to: Camrose County Planning Department, 3755 – 43 Avenue, Camrose, AB T4V 3S8 or email: planning@county.camrose.ab.ca.

Have you included:

- Complete application form
- Application fee
- Site Sketch
- Area Structure Plan (if required)

Office Use Only:

Receipt: _____

Date: _____

Bylaw #: _____