



Village of Lougheed

BOX 5 LOUGHEED, ALBERTA T0B 2V0 PHONE: (780)386-3970

APPLICATION FOR A LAND USE BYLAW AMENDMENT

Date of Application: _____

Bylaw No. _____

Date Deemed
Complete: _____

A refusal is **not** appealable and a subsequent application for amendment involving the same lot and/or the same or similar use may not be made for at least 6 months after the date of refusal.

IMPORTANT NOTE: Although the Designated Officer is in a position to advise on the principle or details of any proposals, such advice must not be taken in any way as official consent.

APPLICANT INFORMATION

Name of Applicant: _____

Mailing Address: _____

Phone: _____

Phone (alternate): _____

Municipality: _____

Fax: _____

Postal Code: _____

Email: _____

Is the applicant the owner of the property? Yes No
IF "NO," please complete the box below.

Name of Owner: _____	Phone: _____
Mailing Address: _____	Applicant's interest in the property: <input type="radio"/> Agent <input type="radio"/> Contractor <input type="radio"/> Tenant <input type="radio"/> Other
Municipality: _____	
Postal Code: _____	

PROPERTY INFORMATION

Municipal Address: _____

Legal Description: Lot(s) _____ Block _____ Plan _____



OR Quarter _____ Section _____ Township _____ Range _____