

| Office Use Only | | | |
|-----------------|----------------|------|-----------|
| File #: | Date Complete: | Fee: | Decision: |

The following information is required in order to facilitate the review of the application for redesignation. It is collected under the authorization of the subdivision and development regulations, AB reg. 44/2002, as needed.

This form is to be completed in full wherever applicable by the registered owner of the land that is the subject of the application or by a person authorized to act on the registered owners' behalf.

Name of Registered Owner(s):

Brenden Ramsay

Name of Agent Authorized to Act on Behalf of Owner:

Laura Ramsay

1. LEGAL DESCRIPTION & AREA OF LAND TO BE REDESIGNATED

Choose One: NE NW SE SW Section 13 TWP 29 RGE 25 W4

(Lot _____ Block 2 Plan 8610569) Certificate of Title #: _____

Land Use Bylaw Designation (zoning) Ag

Rural Address (blue sign): 292017 RR251

2. IS SUBJECT LAND ADJACENT TO:

Another Municipal boundary? Yes No If yes, please indicate: _____

A primary or secondary highway? Yes No If yes, please indicate number: _____

A river, stream, lake, canal, drainage ditch or other watercourse? Yes No If yes, please indicate name: _____

Is the land to be redesignated within:

- Yes No 450 m of an operating or non-operating landfill or hazardous waste facility
- Yes No 300 m from land currently being used for wastewater processing
- Yes No 1.5 km of a sour gas facility
- Yes No 1.6 km of a confined feeding operation
- Yes No 100 m of an oil well or pipeline

3. DESCRIBE EXISTING & PROPOSED USE OF LAND TO BE REDESIGNATED:

Current land designation:

Ag / Residential

Proposed land redesignation:

Sections to be LRC

Explain, in detail, reasons for redesignation (can attach separate sheet):

Sheet attached.

4. EXISTING DEVELOPMENT ON THE LAND TO BE REDESIGNATED

Describe any buildings and/or structures on the land:

Quonset, Grain Bins, Future: Cabins

List any to be removed:


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5. RIGHT-OF-ENTRY

The characteristics of the land must be considered when redesignation applications are reviewed. A visual inspection of the area proposed for redesignation is necessary to determine these characteristics. **By submitting an application I am allowing right-of-entry for inspection purposes.** I hereby make application and acknowledge all plans and information submitted are, to the best of my knowledge, true and accurate.

I am (we are) the registered owner(s) or registered owner

I am the agent authorized to act on behalf of the


Applicants Signature


APRIL 10/2024
Date

Applicants Signature

Date

6. AUTHORIZATION, IF APPLICABLE, TO ACT ON BEHALF OF THE REGISTERED OWNER(S)

I (We) hereby authorize Laura Ramsay to act on my (our) behalf on matters pertaining to this application for redesignation.


Signature of Owner(s)

APRIL 10/2024
Date