

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):

Kent & Kassandra O'Brien

Name of Agent Authorized to Act on Behalf of Owner:

Kent O'Brien

1. LEGAL DESCRIPTION & AREA OF LAND TO BE REDESIGNATED

Choose One: NE NW **SE** SW Section 18 TWP 30 RGE 24 W4
 (Lot _____ Block _____ Plan _____) Certificate of Title #: 141 090 909

Land Use Bylaw Designation (zoning) Direct Control to AG

Rural Address (blue sign): 245016 TWP RD 302

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 15 km of a sour gas facility
- Yes No 16 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:

Direct control for micro Cannabis facility

Proposed land redesignation:

back to Agriculture

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

attached on seperate sheet

4. EXISTING DEVELOPMENT ON THE LAND TO BE REDESIGNATED

Describe any buildings and/or structures on the land:

Please see attached

List any to be removed:

None

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

July 12, 2024
Date

Applicants Signature

July 12, 2024
Date

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

I (We) hereby authorize Kent O'Brien to act on my (our) behalf on matters pertaining to this application for redesignation.

Signature of Owner(s)

July 12, 2024
Date