



Town of Innisfail  
4943 – 53 Street  
Innisfail, AB T4G 1A1  
Phone: (403) 227-3376 Fax: (403) 227-4045  
Email: reception@innisfail.ca

**LAND USE BYLAW AMENDMENT APPLICATION**

**Date:** \_\_\_\_\_ **Application Fee:** \_\_\_\_\_ **Application #:** \_\_\_\_\_

All of the information requested in the application and attached checklist is necessary to complete a thorough evaluation and timely decision on your application. All material submitted must be clear, legible and precise; staff will only accept complete applications.

For a full overview of the Land Use Bylaw (LUB) amendment process please see section 2.20 of the Town of Innisfail Land Use Bylaw as attached.

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**Registered Owner of Land that is the Subject of the Proposed LUB Amendment**

Name / Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

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**Applicant (if different from the registered owner)**

Name / Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

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**Landowner Authorization (this section to be completed by the landowner)**

I (We), \_\_\_\_\_ (full names(s))  
Herby certify that I am (we are) the registered owner(s) of the land that is the subject of this application, and that the information given on this form is full and complete, and is, to the best of my (our) knowledge, a true statement of the facts relating to this Land Use Bylaw Amendment Application.

**Authorization to Act on Behalf of the Registered Owner: (if applicable)**

I (we) hereby authorize \_\_\_\_\_ to act on my (our) behalf on matters pertaining to this Land Use Bylaw Amendment Application.

Landowner Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

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**Description of the Land Proposed to be Redesignated**

Lot(s): \_\_\_\_\_ Block(s): \_\_\_\_\_ Plan(s): \_\_\_\_\_

Municipal Address(s): \_\_\_\_\_

Land Area: \_\_\_\_\_ hectares, acres, m2, ft2

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**Amendment Proposed**

Existing Land Use Designation: \_\_\_\_\_

Proposed Land Use Designation: \_\_\_\_\_

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**Applicant's Rationale**

Please provide the reasons for the proposed amendment. You may use the space below or prepare a separate statement and attach it to this application. This submission will be included in the report presented to the Town of Innisfail and a Public Hearing. (attach additional pages if necessary).

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Any personal information on this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act for the purpose of evaluating the proposed Land Use Bylaw Amendment and may be circulated to relevant agencies and adjacent landowners for a consistent purpose. If you have any questions regarding the collection, use and protection of this information, please contact the FOIPP Coordinator at 403-227-3376.