



TOWN OF SEDGEWICK

4818-47 Street
Sedgewick, AB
T0B 4C0
Phone: 780-384-3504
Fax: 780-384-3545

Application for Amendment to the Land Use Bylaw

Application # _____

I/we hereby make an application to Sedgewick Town Council to amend the Land Use Bylaw.

Applicant(s):

Name: _____ Phone: _____

Address: _____

Registered Owner of Land:

Name: _____ Phone: _____

Address: _____

Land Description:

Plan _____ Block _____ Lot (s) _____

OR _____

Amendment Proposed:

Current Zoning: _____ Proposed Zoning: _____

Reason in support of Application for Zoning Amendments:

Attachments:

1. Certificate of Title: _____
2. Area Structure Plan: _____
3. Site Plan with Map: _____
4. Other: _____

Application Fee: _____

Registered Owner Signature

Date

Applicant's Signature

Date

Town Use Only

Date of Council Meeting: _____

Public Hearing Date: _____

Final Rezoning Decision: _____