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|---|--|------------------------------|--|
|  <div style="margin-left: 20px;"> Box 600<br/> Crowsnest Pass, Alberta<br/> T0K 0E0<br/> Phone: 403-562-8836<br/> Fax: 403-563-5474 </div> |  | *Office Use Only*            |  |
|   |  | Roll Numbers (If Applicable) |  |
|   |  | Fee                          |  |
|   |  | Date Received                |  |
|   |  | Existing Land Use District   |  |
|   |  | 1st Reading Date             |  |
|   |  | 2nd and 3rd Reading Date     |  |

| Area Structure Plan Application Form   |  |  |  |
|--|--|--|--|
| I/We hereby make application for an Area Structure Plan under the provisions of Land Use By-Law # 1165, 2023 as amended: |  |  |  |
| Applicant  |  | Owner(s) of Land                           |  |
| Interest of applicant if not owner:  |  | Same as applicant <input type="checkbox"/> |  |
| Name:  |  | Name:                                      |  |
| Civic (Street) Address:  |  | Civic (Street) Address:                    |  |
| Community:   |  | Community:                                 |  |
| Postal Box & Code:   |  | Postal Box & Code:                         |  |
| Phone:   |  | Phone:                                     |  |
| Email Address:   |  | Email Address:                             |  |
| Property Description   |  |  |  |
| Lot(s):  |  | Block:                                     |  |
| Civic (Street) Address:  |  | Other:                                     |  |
| Existing Land Use District:  |  |  |  |
| Proposed ASP to be attached: <file name>   |  |  |  |
|  |  |  |  |

#### OWNER SIGNATURE/PERMISSION LETTER

I understand and agree that the information I have provided herein and herewith is true, and to the best of my knowledge and abilities, accurate and complete.

I understand and agree that the approval of an Area Structure Plan is solely at the discretion of Municipal Council.

I understand and agree that Council approval of the Area Structure Plan does not constitute approval of any subsequent Development Permit, Building Permit or other Permits issued by the Municipality of Crowsnest Pass or other agencies working on behalf of the Municipality.

Must provide either Owner's signature below OR permission letter authorizing an Agent to sign.

☐ Permission Letter Attached

Applicant Signature

Print name

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Owner of Land Signature

Print name

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#### GENERAL SUBMISSION REQUIREMENTS

\*This list is not exhaustive, is for general guidance only and is not necessarily applicable to every application. All drawings must be submitted on sufficient paper to a scale and standard satisfactory to the Municipality.\*

Completed Application Form

☐ Received

Application Fee

☐ Received

Letters of Support (optional)

☐ Received

The personal information provided as part of this application is collected under Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32(c) of the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing development permits, Land Use Bylaw enforcement and property assessment purposes. The name of the permit holder and the nature of the permit are available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.