

NEW/CHANGE OF ADDRESS APPLICATION



DRAYTON VALLEY

Applicant/Landowner Information	Applicant Name: _____ Mailing Address: _____ City: _____ Postal Code: _____ Phone (primary): _____ (secondary): _____ Email: _____	Registered Owner Name(s) (if different from Applicant) _____ Mailing Address: _____ City: _____ Postal Code: _____ Phone (primary): _____ (secondary): _____ Email: _____
Parcel/ Proposed Use Information	Municipal Address: _____ Legal Description Lot: _____ Block: _____ Plan: _____ or Section: _____ Quarter Section: <input type="checkbox"/> PT <input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SE Range: _____ Meridian: _____ (select one) Land Use District: _____ Type of Dwelling (select one): <input type="checkbox"/> Single Detached <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Fourplex Reason(s) for change: _____	

Applications can be submitted electronically by emailing all required documents to plandev@draytonvalley.ca or in person at the Town of Drayton Valley Civic Center located at the address noted at the bottom of this page.

NOTE: The information contained in this application is being collected under the authority of the Town of Drayton Valley Land Use Bylaw. This information may be used to provide statistical data and is protected by the provisions of the Freedom of Information and Protection of Privacy (FOIP) Act. If you have any questions about the collection of information, please contact the Town of Drayton Valley at 780-514-2200.

Signature of Registered Owner/Applicant

Date of Application

Authorization Form

I/We _____ Print name(s) of
registered owner(s)

Being the registered owner(s) of

_____ Legal description and/or
municipal address of subject lands

Hereby authorize _____
Name of person(s) or firm making application

To submit a Development Permit application for the above described property.

Signature(s) of registered owner(s)

Authorization signed on:

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