



CITY OF LLOYDMINSTER ZONING BYLAW AMENDMENT APPLICATION

APP.#: Z - ____ - ____

APPLICANT INFORMATION

Owner: _____ Address: _____

Postal Code: _____ Phone #: _____ Fax #: _____ Email: _____

Applicant: _____ Address: _____

Postal Code: _____ Phone #: _____ Fax #: _____ Email: _____

I, _____, HEREBY CERTIFY THAT:

- I am the registered owner of the said lands proposed for amendment;
- I am authorized to act on behalf of the registered owner; and that all the above statements are true.

Applicant Signature _____

Date _____

PROPERTY INFORMATION

Address: _____ Lot: _____ Block: _____ Plan: _____

Current Zoning: _____ Proposed Amendment: _____

Existing buildings and use: _____

Purpose of Amendment: _____

SURROUNDING LAND USE

North: _____

South: _____

East: _____

West: _____

Have adjacent owners been contacted: YES NO Their comments, (ATTACH LETTERS)

FOR OFFICE USE ONLY

Council 1: _____ Admin Report No: _____ Fee: _____

Council 2: _____ P & D Motion No: _____ Receipt: _____

Advertise: _____ Bylaw No: _____

Council 3: _____