

5 St. Anne Street
St. Albert, AB T8N 3Z9
Phone: 780-459-1642
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CITY OF ST. ALBERT OWNER'S AUTHORIZATION

(PLEASE PRINT)

Date: _____

File No.: _____

MUNICIPAL GOVERNMENT ACT, RSA, 2000, CHAPTER M-26

I, _____
(owner's name)

of _____
(company, if applicable)

being the registered owner of _____
(civic address)

(legal description)

do hereby allow _____
(applicant)

To make application for:

- Redistricting
- Subdivision
- New or Amended Area Structure Plan or
Area Redevelopment Plan
- Development Permit
(Includes, but is not limited to: Sign Permits,
Change of Use and/or New Occupancy, etc.)

(owner's name)

(owner's signature)

Collection and use of personal information

The personal information being collected on this form is for the purposes of processing and acting upon this application in accordance with the Municipal Government Act, and is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. The City will not share your personal information for purposes outside of those stated without your permission in writing unless there is a specific exemption stated in the Municipal Government Act.