

## Town of Grimshaw Box 377 Grimshaw AB TOH 1W0 780-332-4626 Fax 780-332-1250

Application No.		
	(office use only)	

## **APPLICATION TO AMEND THE LAND USE BYLAW**

I/We hereby make application t	o amend the Town of Grimsha	w Land Use Bylaw.	
Applicant Name:			
Mailing Address:			
Town/City/Province:		Postal Code:	
Contact Numbers: Home		Business:	
Owner of Land: Name:	_	Phone:	
Mailing Address:			
Land Description: Address of Pr	operty		
	Block:		
AMENDMENT PROPOSEI Text Amendment (Proposal Des	cription):		☐ Map Amendment
Reason(s) in support of this App	lication for Amendment (Atta	ch additional inform	ation if necessary)
Map Amendment (Proposal Des	cription – indicate land use dis	stricts below, if appl	icable):
Current Land Use District:	Proposed Land	Use District:	
Reason(s) in support of this App	lication for Amendment (Atta	ch additional inform	ation if necessary)
I/We enclose \$	bein	g the application fee	i.
Date Applica		ant Signature	