



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 (MM/DD/YYYY): _____

File No.: _____

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

I, _____
(owner's name)

of _____
(company, if applicable)

being the registered owner of _____
(legal description)

_____ *(legal description)*

do hereby allow _____
(applicant)

To make application for:

- Redistricting
- Subdivision
- New or Amended Area Structure Plan or Area
Redevelopment Plan
- Development Permit

_____ *(owner's name)*

_____ *(owner's signature)*

_____ *(date—MM/DD/YYYY)*