

CONTA	CT INFOF	RMATION	l (ALL land	owners must	be identified an	d sign ap	plication)	Date Received:
Applicant Name(s):							Phone:	
Mailin	g Address:							
Town/City:					Postal Code:		Email:	
Landowner Name(s):		e(s):					Phone:	
Mailin	g Address:							
Town/City:				Postal code:		Email:		
				÷				
1/4		Section		Township		Range		West of 🗆 4 or 🗆 5 Meridian
Lot		Block		Plan		Rural Ad	dress (Blue Sig	m)

## SIGN INFORMATION

Subdivision/Hamlet

Are there currently any other signs on the property?	□ Yes □ No
Building Material of Sign	
Attach an example of what the Sign will displa	ay with Colors and dimensions shown.
Attach a Site Plan showing location of sign an  Yes	d distance to property lines.

PAYMENT OPTIONS	APPLICATION SUBMISSION:		
	Applications can be submitted by:		
<ul> <li>Cheque</li> <li>Online Banking (Use Account Number 999951)</li> </ul>	Email – wpermits@county10.ca		
□ Credit Card (*There is a service charge for all credit card	Drop off at County Office – 243019A Highway 13		
payments)	Mail - P.O. Box 6960, Wetaskiwin, AB T9A 2G5		

## **AUTHORIZATION**

By signing this application, I/we:

- understand that the proposed development shall not commence unless a development permit has been issued; •
- understand that the application may be refused if the development does not conform to all aspects of the Land Use Bylaw;
- hereby authorize representatives of the County of Wetaskiwin No. 10 to enter the above described lands with respect to this application only; and,
- understand the personal information on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. The information will be used to process the application and the names and addresses may be included on reports that are available to the public. If you have any questions on the collection and use of this information, please contact the FOIP Coordinator at (780) 352-3321.

Signature of Authorized Applicant(s)

Signature of Landowner(s)

For Office Use	Only	Roll #	App #	LU District	Division #	
PER   DIS	LUB Section	s)	Receipt #		ADO	