



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)*