



# Application for Amendment to Land Use Bylaw

Foothills County

309 Macleod Trail, Box 5605, High River, AB T1V 1M7 • Tel: 403-652-2341 Fax: 403-652-7880

www.foothillscountyab.ca

Email: planning@foothillscountyab.ca

Note: An Application Fee of \$1000.00 shall accompany this application.

Date Received: Aug 28/23 Receipt No. 401098 Roll # 2203322570

## THIS SECTION TO BE COMPLETED IN FULL BY THE APPLICANT

I, NICHOLAS & LEE MISURA  
Name of Registered Owner (please print)

hereby certify that I am the registered owner of the land described above and authorize

Name of Agent (please print) \_\_\_\_\_ to act as agent in the matter.

## PLEASE ACCEPT THIS APPLICATION REGARDING LEGAL LAND DESCRIPTION

All/part of the SW 1/4 sec. 32 twp. 22 range 3 west of 5 meridian.

Being all parts of lot \_\_\_\_\_ block 1 Reg. Plan No. 9111702 C.O.T. No. \_\_\_\_\_

TO: (Choose One)

☐ Redesignate from \_\_\_\_\_ to \_\_\_\_\_  
☒ Amend the Land use Bylaw by MAKE 2 PARCELS OF AGRICULTURAL

Size of existing parcel(s) 100 Size of proposed parcel(s) 25 - 75 acres

The reasons for the (redesignation) (amendment) are as follows:

WOULD LIKE TO SUBDIVIDE BUT UNDERSTAND DENSITY OF  
THE AREA. THIS WOULD ONLY ALLOW 1 HOUSE ON 75 ACRES  
& 1 HOUSE ON 25 ACRES. - NOT A MEANINGFUL LAND.

I certify that the information given on this form and attachment hereto are full and complete and is to the best of my knowledge a true statement of the facts concerning this application and I am the registered owner and/or the duly authorized agent.

Date 28 AUG 2023

Signed \_\_\_\_\_

Landowner Information

Agent Information

Phone No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

I consent to receive documents by email: ☒ Yes ☐ No I consent to receive documents by email: ☒ Yes ☐ No

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Right of Entry

I, being the owner or person in possession of the above described land and any buildings thereon consent to an authorized person designated by Foothills County to enter upon the land for the purpose of inspection during the processing of this application.

Date Aug. 28/23

Signature of Owner \_\_\_\_\_

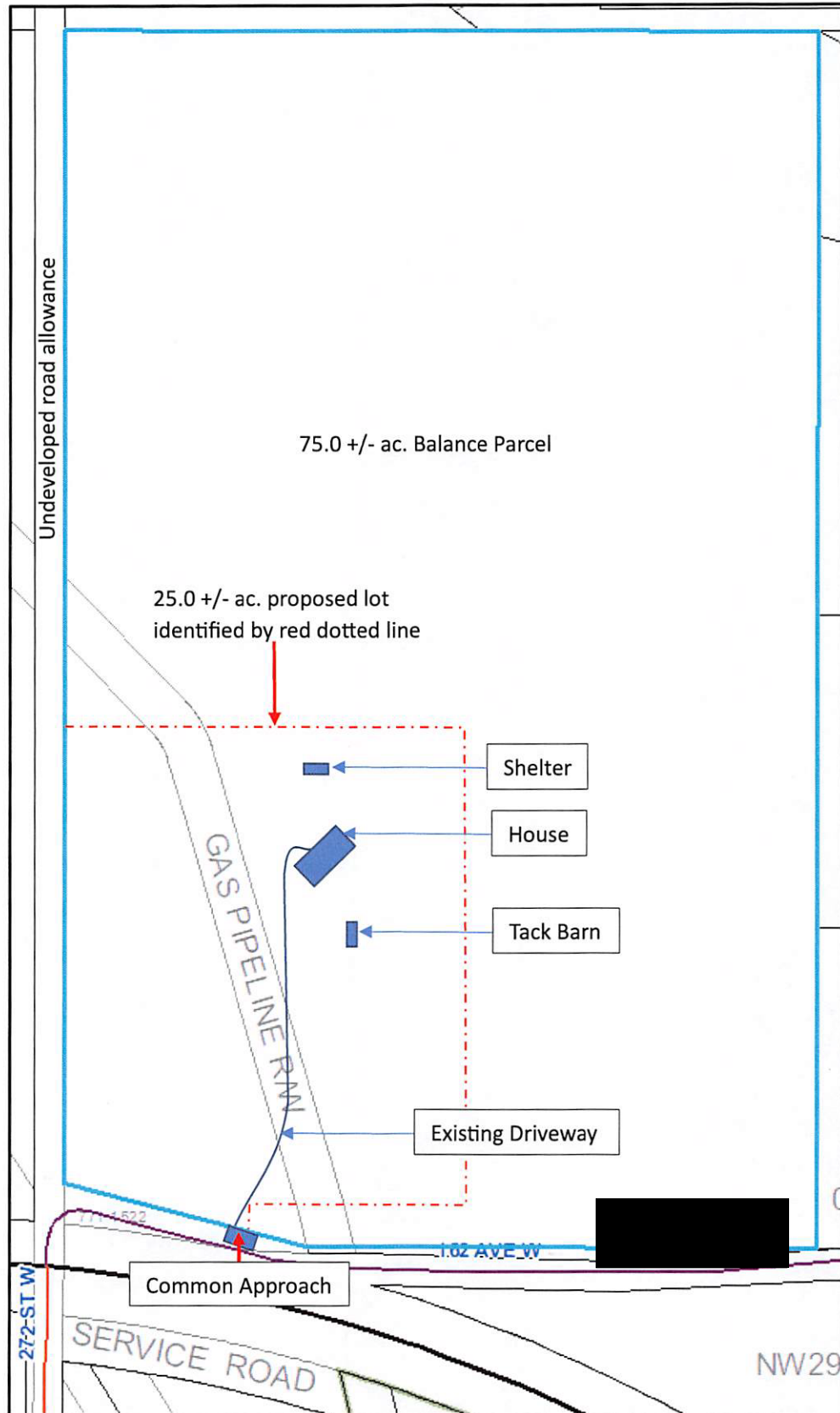
Is there an access or safety concern with respect to a site inspection: ☐ Yes ☒ No

If yes, please clarify:

**\*\*Important Note: Applications must be received with original signed signature. Photocopies, faxes and emails will not be accepted.**

DISCLAIMER: Please note that the personal information collected on this form is authorized under the Municipal Government Act and is required for the purpose of the County's Planning and Development processes. This information may also be shared with appropriate government agencies and may also be kept on file by those agencies. The application and related file contents will become available to the public and are subject to the provisions of the Freedom of Information and Protection of Privacy Act (FOIP). If you have any questions about the collection and use of this information, please contact the Municipal Planner at 403-652-2341.

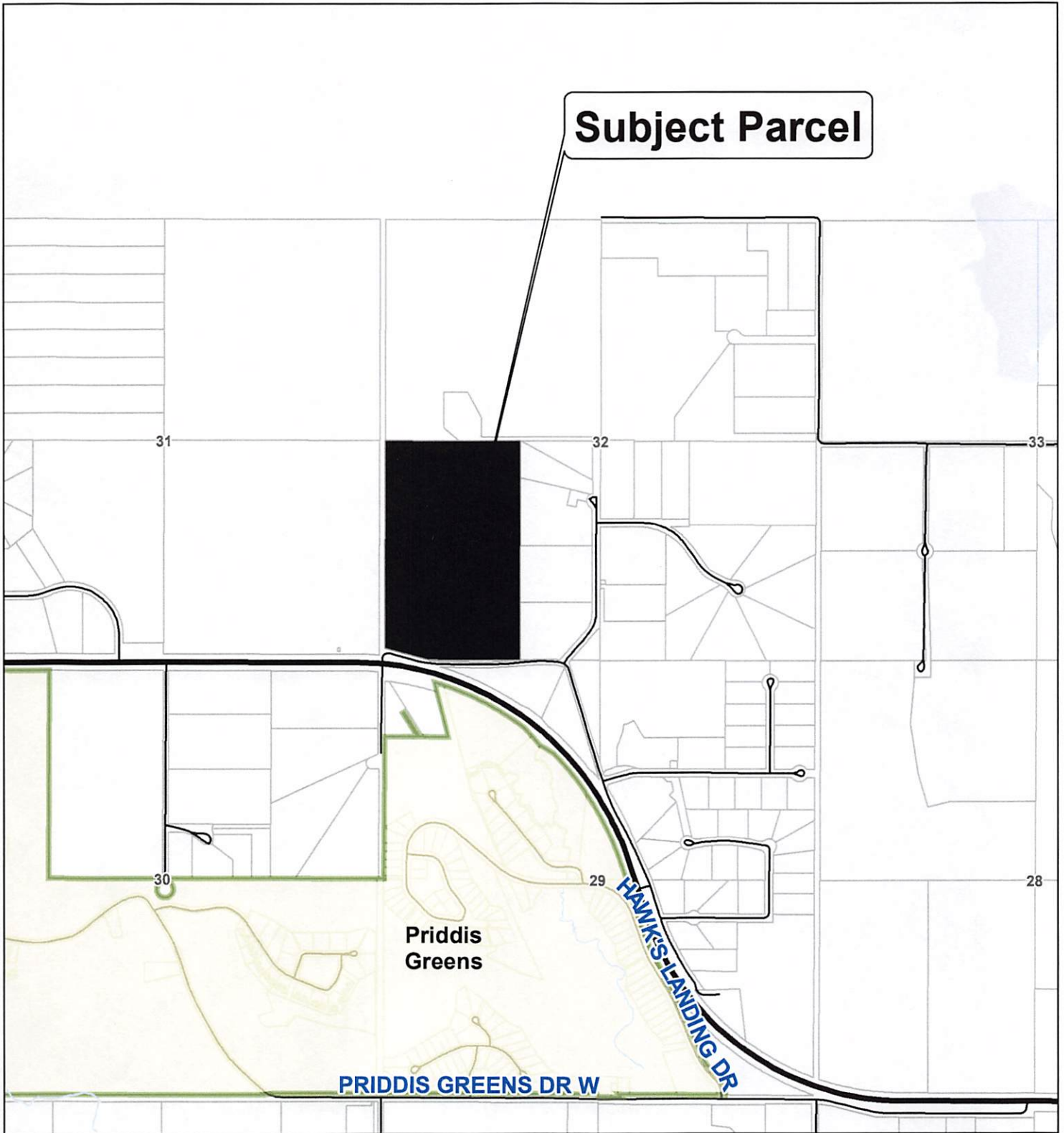
# Misura Site Plan





# Location Map

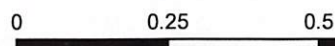
## SW 32-22-03 W5M; Plan 9111702, Blk 1



### Legend

- Roads
- Highway
- Parcels
- Subject Parcel
- Hamlet

Date: 2023-09-13



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Data Sources Include Municipal Records and AltaLIS.  
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Miles  
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