



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 \$_____ shall accompany this application.

Date Received: _____ Receipt No. _____

THIS SECTION TO BE COMPLETED IN FULL BY THE APPLICANT

 I, ROSS ROBERTS and HOLLY ROBERTS
 Name of Registered Owner (please print)

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

DON HOLSTEAD OF ABSOLUTE SURVEYS to act as agent in the matter.
 Name of Agent (please print)

PLEASE ACCEPT THIS APPLICATION REGARDING LEGAL LAND DESCRIPTION

 PARCEL #1 All/part of the N.E. 1/4 sec. 11 twp. 20 range 01 west of 5 meridian.
 PARCEL #2 Being all parts of lot 2 block 1 Reg. Plan No. 0813749 C.O.T. No. _____

TO: (Choose One)

☒ Redesignate from Agricultural District to Country Residential District
☐ Amend the Land use Bylaw by _____

 Size of existing parcel(s) 53.2 + 54.75 acres Size of proposed parcel(s) 7.0 + 100.95 acres

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

Boundary adjustment to 100.95 acre Agricultural parcel
and 7.0 acre Country Residential parcel.

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 May 29/25

Signed _____

Landowner Information

Phone No. _____

Address: _____

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

Email Address: _____

Agent Information

Phone No. _____

Address: _____

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

 Email Address: don@absolutesurveys.ca
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.

May 29/25
 Date

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

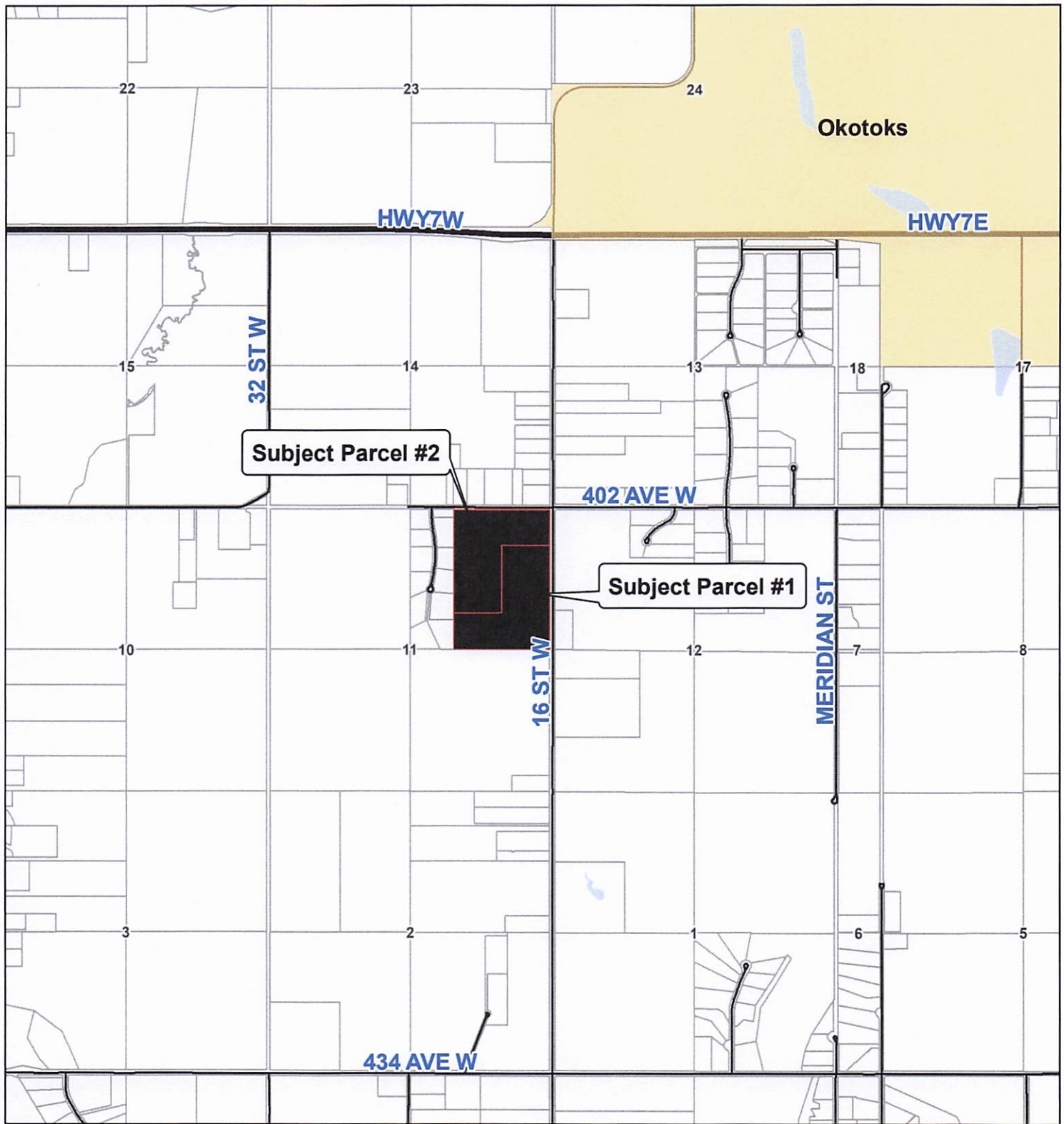
If yes, please clarify: _____

****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.

Location Map

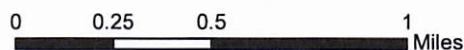
NE 11-20-01 W5M & Plan 0813749, Blk 1, Lot 2



Legend

- Roads
- Highway
- Parcels
- Subject Parcel
- Town

Date: 2025-05-30



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Data Sources Include Municipal Records and AltaLIS.
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