



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 \$ 1600 shall accompany this application.

Date Received: March 31 2025 Receipt No. 437786

THIS SECTION TO BE COMPLETED IN FULL BY THE APPLICANT

I, Steren + Gail Stumpf
Name of Registered Owner (please print)

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

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

PLEASE ACCEPT THIS APPLICATION REGARDING LEGAL LAND DESCRIPTION

All part of the SE 1/4 sec. 26 twp. 21 range 2 west of 5th meridian.

Being all parts of lot _____ block _____ Reg. Plan No. _____ C.O.T. No. _____

TO: (Choose One)

☒ Redesignate from Agriculture to Country Residential

☐ Amend the Land use Bylaw by _____

Size of existing parcel(s) 114.53 Size of proposed parcel(s) 9.9

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

We would like to take off 9.9 acres Set
out son and family to build a home.

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 March 28/25

Signed _____

Landowner Information

Phone No. _____

Agent Information

Phone No. _____

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.

March 28/25
Date

Signature of Owner

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

If yes, please clarify:

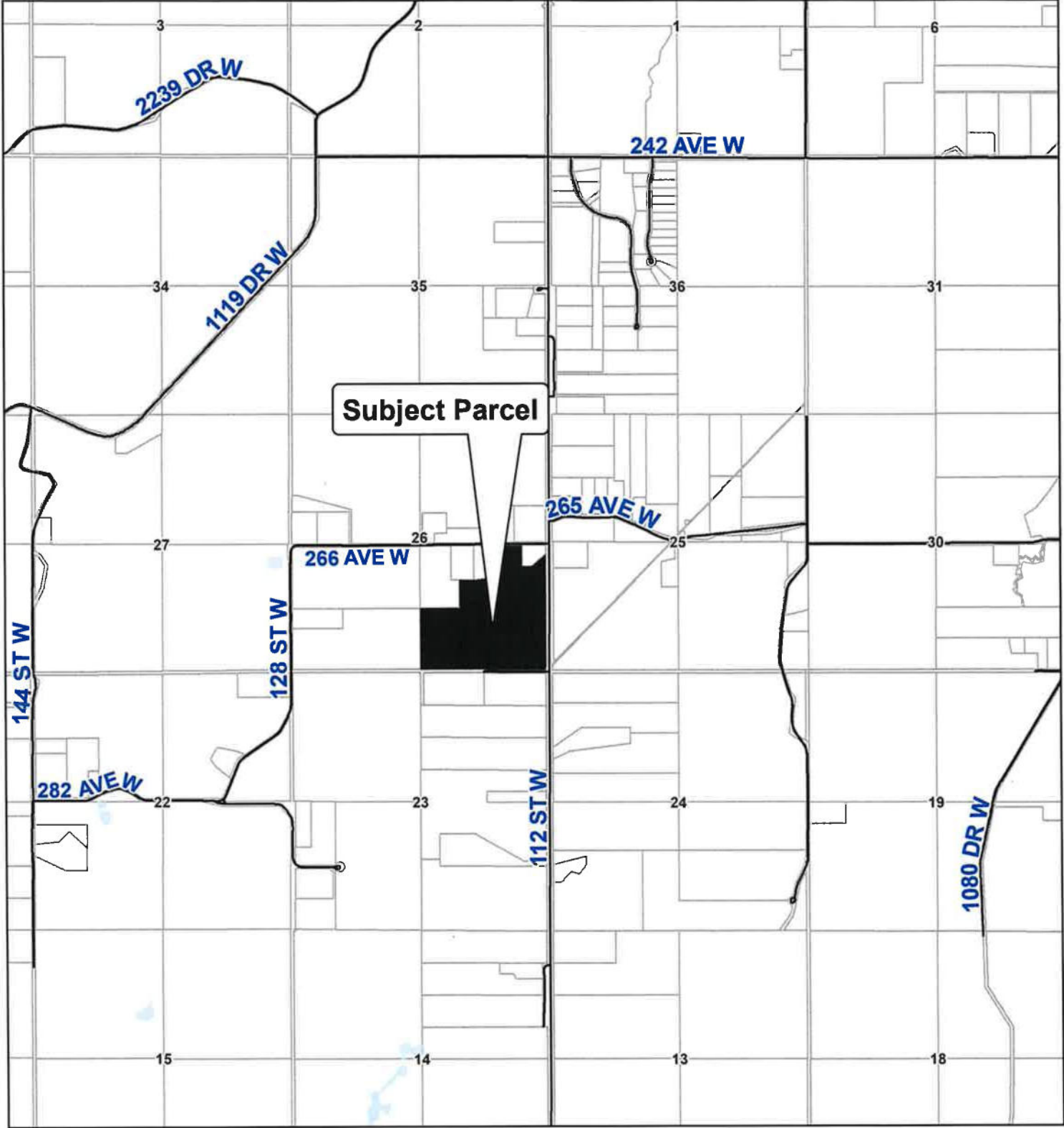
****Important Note: Applications must be received with original signed signature. Photocopies, faxes and emails will not be accepted.**

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.



Location Map

SE 26-21-02 W5M



Legend

- Roads
- Parcels
- Subject Parcel

Date: 2025-05-28



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Stereo Coil
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