

# Foothills County

309 MACLEOD TRAIL SW, Box 5605, HIGH RIVER, AB T1V 1M7  
TELEPHONE (403) 652-2341 OR (403) 931-1905 FAX 403-652-7880

## ROAD CLOSURE APPLICATION

### **SECTION A: Applicant Information**

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town / City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone (daytime) \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Legal Land Description: \_\_\_\_\_

Plan Number \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Roll# \_\_\_\_\_

Identify applicant property adjacent to the road allowance or road location on map below.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### **SECTION B: Site Information**

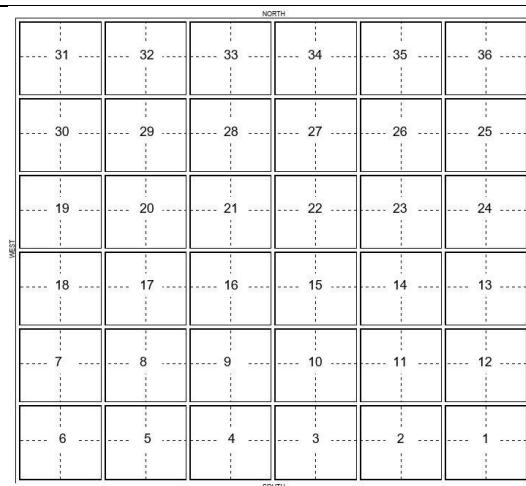
Purchase \_\_\_\_\_ Transfer \_\_\_\_\_ Licence \_\_\_\_\_ Other \_\_\_\_\_

Intended Land Use (i.e. grazing, cultivation, other): \_\_\_\_\_

Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West \_\_\_\_\_ M

Boundary (north, south, east, west) \_\_\_\_\_ Number of Acres to license/ purchase \_\_\_\_\_

Identify road allowance or road location on map below.



For Office Use Only:

<u><b>Licence:</b></u>	<u><b>New Licence</b></u>	<u><b>Transfer(NewLO)</b></u>	<u><b>Date</b></u>
Filing Fee:	\$100	\$100	Receipt No: _____
Initial Application Fee:	\$200	\$160	Receipt No: _____
Final Application Fee:	\$150	\$125	Receipt No: _____ # of Acres: _____
<b>Total Due:</b>			
<u><b>Purchase:</b></u>		<u><b>Amount</b></u>	<u><b>Date</b></u>
Filing Fee:	\$100	Receipt No: _____	
Initial Application Fee:	\$300	Receipt No: _____	
Final Application Fee:	\$300	Receipt No: _____	
Price set by Council:		Receipt No: _____	
<b>Landowner pays all Survey Costs</b>			
Updated January 28, 2025			