



**CERTIFICATE OF COMPLIANCE REQUEST
ZONING LETTER REQUEST**

FOR OFFICE USE ONLY:

ROLL NO. _____

FILE NO. _____

APPLICANT INFORMATION

Applicant _____

Address _____ Postal Code _____

Tel. No _____ Fax No _____ E-mail _____

PROPERTY INFORMATION

Property Address _____ Registered Owner _____

Lot(s) _____ Block _____ Plan _____

TYPE OF REQUEST

- Certificate of Compliance Request** 7 Business Days -\$100.00
 2 - 3 Business Days -\$175.00

Zoning Letter

FEES/CHARGES

The fees for the service(s) requested above are as per the current Town of High River Rate Bylaw for Planning/Development Services.

continued...

METHOD OF PAYMENT (Must be received upon submission of application)

- | | |
|---|--|
| <input type="checkbox"/> Cheque (Payable to the Town of High River) | <input type="checkbox"/> Visa/MasterCard |
| <input type="checkbox"/> Debit | <input type="checkbox"/> Cash |

OWNER/AGENT SIGNATURE

Must provide Owner or Authorized Agent's signature, or attach permission letter from owner to this application.

Owner/Authorized Agent signature

Print name

OR

Permission Letter from owner attached

***RESEARCH INFORMATION**

In the space below, please provide a description of the specific information being requested through the file search process:

FREEDOM OF INFORMATION

I understand that this application and accompanying information is public record that is accessible by the public. This application will be made available for viewing upon request at the Town Office. This personal information is being collected under the authority of the Municipal Government Act and will be used only for the purposes for which it is being collected.

Signature of Registered Owner(s)/
Authorized Agent

Date