



**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 -\$200.00

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:**

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**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