

CHANGE OF USE APPLICATION
(Please PRINT and complete ENTIRE Form)

PROPERTY ADDRESS

Civic Address: _____ Legal Description: Lot ____ Block: ____ Plan: _____
 Land Use District: _____ Existing Use or previous use of space (if known) : _____

APPLICANT

Name/Company Name: _____ Email*: _____
 Mailing Address: _____ Postal Code: _____ Phone: _____

**By providing your email address, you are consenting to receive electronic notifications and communications.*

BUSINESS DETAILS RE: USE

What is the proposed use of this space and what is the proposed name for the business? *If required add a separate page.*
 (example: new restaurant offering take-out, dine-in, and patio services, about 10 dine-in tables, this property was formerly a retail clothing store):

Provide a description of the daily business operations (hours, days of operations, number of staff on shift, etc.):

As a new business in this location, how are you modifying the space to meet your needs? Provide a detailed description of all the changes you intend to make to the space:

(Examples: cosmetic upgrades such as painting or new flooring, structural changes, floor plan, adding shelving, etc.)

Please indicate if you will be including any of the follow, as part of your changes to the space:

- Electrical Gas Plumbing

Estimated date of opening: MM-DD-YYYY _____

Total Cost of Construction: _____

Total area (m²): _____

***PROPERTY OWNER (if different from Applicant)**

Name: _____ E-Mail*: _____
 Mailing Address: _____ Phone: _____

I (we) hereby authorize _____ to act on my (our) behalf on matters pertaining to this Development Application and give our permission for _____ to access property information in matters pertaining to this Development Application. I (we) hereby certify that I am (we are) the registered owner(s) of the property that is the subject of this application. I (we) also agree to abide by the guidelines for development as set forth in the Town of Whitecourt's Land Use Bylaw.

Signature: X _____ Date: _____

Signature: X _____ Date: _____

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