

HISTORICAL LAND USE SEARCH

Information



As part of a Phase 1 Environmental Site Assessment, a consulting company may request municipal file information pertaining to a specific property.

COMPLETE THE ATTACHED APPLICATION FORM by printing clearly or filling out all of the required fields electronically. The request must be signed by the registered owner(s) of the land if different from the applicant. Please note that handsigned electronic signatures are accepted, but digital encrypted type signatures are not accepted.

A NON-REFUNDABLE PROCESSING FEE must also be paid. The current fee is \$100+GST for a Historical Land Use Search. **All fees are payable to Lacombe County via cheque, cash, debit, or credit card. Credit card payments are completed using OptionPay (a third party software provider) and are subject to additional surcharges.**

RETURN THE APPLICATION TO



Lacombe County
Attention: Planning Services
RR 3 Lacombe AB T4L 2N3
planning@lacombecounty.com



For further information about Historical Land Use Searches please call Planning Services at (403) 782-8389.

HISTORICAL LAND USE SEARCH

Request Form



THIS FORM IS TO BE COMPLETED & SIGNED IN FULL, WHEREVER APPLICABLE, BY ALL REGISTERED OWNER(S) OF THE LAND AND/OR BY A PERSON AUTHORIZED TO ACT ON BEHALF OF THE LANDOWNER(S)

☐ I would like to pick-up my Historical Land Use Search, rather than having it mailed.

☐ I would also like an emailed copy of my Historical Land Use Search.

1 LANDOWNER INFORMATION

Name of registered owner(s) of land		
Address		
Town	Province	Postal Code
Home Phone	Cell Phone	
Email		

2 APPLICANT AUTHORIZED TO ACT ON BEHALF OF REGISTERED LANDOWNER(S) (IF APPLICABLE)

Name of applicant(s)		
Address		
Town	Province	Postal Code
Home Phone	Cell Phone	
Email		

3 LEGAL LAND DESCRIPTION OF PROPERTY

<input type="radio"/> All OR <input type="radio"/> Part of	Quarter (ie. NE/NW/SE/SW)	Section	Township	Range	West of the	Meridian
OR Being all parts of	Lot	Block	Plan			
Hamlet or Subdivision Name						
Civic Address (Blue 911 Sign)			Total Parcel Size			

4 INFORMATION REQUESTED

Please describe the file information being requested.

5 DECLARATION

- I/We declare that the information given on this form and accompanying plan(s) and other documents are to the best of our/my knowledge a true statement of facts.
- I/We hereby consent to the public release and disclosure of all information requested above pertaining to the aforementioned lands as part of this request.

Registered Landowner Signature	Date
Registered Landowner Signature	Date
Applicant Signature (If Different than the Registered Landowner)	Date
Applicant Signature (If Different than the Registered Landowner)	Date

Please note that all information that you provide will be treated as public information in the course of Lacombe County's consideration of this request pursuant to the Municipal Government Act, R.S.A. 2000 Chapter M-26 and the County's Land Use Bylaw. By signing this application, you consent to the public release of any information provided by you pursuant to this request. Information you provide will only be used for purposes related to the request. If you have questions about this, please contact the FOIP Coordinator, Lacombe County, RR 3, Lacombe AB T4L 2N3 (403) 782-6601.