

LOT CONSOLIDATION APPLICATION



LAND OWNER INFORMATION

Name: _____

Mailing Address _____

City/Town: _____ Postal Code: _____

Phone number: _____ Email: _____

PROPERTY INFORMATION

Property #1 - Plan: _____ Block: _____ Lot: _____

Property #2 - Plan: _____ Block: _____ Lot: _____

Municipal Addresses: #1 _____ #2 _____

I authorize the person(s), designated by the Municipality as designated in Section 542 of the Municipal Government Act, R.S.A. 2000, to enter my land for the purpose of conducting a site inspection in connection with my lot consolidation application.

I/we being the registered landowners of the above properties do hereby request the lands to be consolidated into one property by Order of Bylaw.

Registered Owner Signature: _____ Date: _____

Registered Owner Signature: _____ Date: _____

The personal information provided by you is being collected under the authority of the *Municipal Government Act* and will be used for the purposes under that Act. The personal information that you provide may be made public, subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

The following MUST be submitted with the application:

- **Application and processing fee of \$535.00 - Cheque made payable to Summer Village of West Cove.**
- **A current title for each property being consolidated. Titles can be obtained from any Registries Office – (ownership information must match exactly on each title).**
- **This application MUST be signed by all owners listed on title.**

Tony Sonnleitner – Development Officer
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