FILE REVIEW/ZONING VERIFICATION APPLICATION



Planning and Development 414 King Street, Spruce Grove, AB

Phone: 780-962-7582

Page 1 of 2

Business Hours M-F: 8:30 a.m. – 4:30 p.m.

JKOVE	Fax: 780-9	62-1062	M-F: 8:30 a.m. – 4:30 p.m.	L						
PROJECT LOCATION – REQUIRED										
Suite:	Street Address:	Street Name:								
Legal Description: Unit / Lot / Block / Plan or Quarter / Section / Township / Range / Meridian										
	/		/ /		/					
NOTE:										

The City of Spruce Grove does not require properties to receive file searches, however, does provide them if requested. The property file searches pertain to Development history, Safety Codes history (Building, Electrical, Plumbing and Gas), Lot Grading, Environmental Assessments, etc. As part of the file search the City will outline issues relating to outstanding inspections or Safety Code deficiencies along with Lot grading. Although the City has no legal obligation we require the following fees and documentation to perform this review.

The City of Spruce Grove will provide zoning verification for lands within the City's Corporate boundaries. The zoning verification letter will provide the applicant the land use district for the property in question along with the permitted and discretionary uses within the district.

MANDATORY DOCUMENTATION

CERTIFICATE OF TITLE

A valid Certificate of Title shall accompany this application, and shall be no more than three (3) months old. If the titled owner is NOT the applicant, owner(s) authorization is required. See Page 2 or submit a letter with owner(s) signature.

A zoning verification letter does not require a Land Title or owner authorization.

SERVICE REQUEST – PLEASE NOTE THAT FEES ARE PER LOT/UNIT (PROPERTY)

Residential/Non Residential (commercial/industrial/institutional /multifamily

□ Zoning Verification Letter (\$115)

(does not include a File Review)

□ File Review (\$230 for 2 hours + \$115 for each additional hour)

GST will be added to all fees

PREFFERRED METHOD OF DELIVERY – REQUIRED

🗆 Mail

🗆 Email

□ Pick Up Phone number to call:

.....2 see over

This information is being collected under the authority of section 33(c) the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to administer a file review. The personal information provided will be protected in accordance with Part 2 of the Act. If you have any questions regarding the collection, use and disclosure of personal information, please contact the FOIP Coordinator at 780-962-2611.

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OWNER OR REPRESENTATIVE - REQUIRED (CAN BE A LETTER IF OWNER/AGENT NOT PRESENT TO COMPLETE)

I am the registered owner of the land described above	I have been designated as the representative of the owner (written consent or other proof of representation attached)								
Owner Name:	Agent Name:								
Signature:	Signature:								
OWNER OR REPRESENTATIVE MAILING ADDRESS - REQUIRED									
Mailing address:	City:	Province:	Postal Code:						
Phone no.:	Fax no.:								

PERSON TO RECEIVE FILE REVIEW/ZONING VERIFICAT	ION 🗆 SAMI	AME AS OWNER/REPRESENTATIVE – REQUIRED			
Name:		Phone no.:		Fax no.:	
Company Name:			I		
Mailing address:	City:		Province:	Postal Code:	

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