

Application for Regional Plan Compensation

Form (LUS-03)

Land Use Secretariat

12th floor, South Petroleum Plaza
9915 – 108 Street
Edmonton, AB T5K 2G8
TEL: 780-644-7972 or Toll Free Rite Line at: 310-0000
Email: LUF@gov.ab.ca

Alberta Land Stewardship Act

Instructions:

- **Complete one form for each application you are filing.**
- **Please print clearly**
- **Legal representation is not required; however if you have retained representation, please indicate on the form.**
- **Submit your completed form(s) with the original signature to the Stewardship Commissioner, Land Use Secretariat.**
- **The Alberta Land Stewardship Act and regulations can be found on the Queen's Printer website.**

Tracking Number (LUS Office Use Only):

Date Stamp – Request Received by LUS

Part 1: Details of Application for Compensation

Name of Regional Plan

Legal description (Township, Range, Meridian) of the land area for which compensation is requested.

- A. **Clearly identify the specific provision (part) of the Regional Plan, or amendment to the Regional Plan, that has caused you to apply for compensation.**

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B. Explain why the specific provision (section of the Regional Plan) identified above has caused you to apply for compensation.

Part 2: Requested Relief

What is the amount of compensation you are seeking?

Part 3: Other Applicable Information

Please provide any documents or other information that supports your application for compensation.

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Part 4: Applicant Information

First Name: _____ Last Name: _____

Company Name or Association Name (if any) _____

Professional Title (if applicable): _____

Email Address: _____ Fax _____

By providing an email address, you agree to receive communications from the Land Use Secretariat by email.

Daytime Telephone #: _____ Alternate Telephone #: _____

Mailing Address: _____

Apt/Suite/Unit#

Street Address

City/Town

Province

Country (if not Canada)

Postal Code

Signature: _____ Date: _____

Please note: You must notify the Land Use Secretariat in writing of any change of address or telephone number.

Personal information requested on this form is collected under the provisions of the Protection of Privacy Act, Chapter/Regulation: P-28.5 2024, for the purpose of investigating complaints of non-compliance with a regional plan.

Part 5: Representative Information (if applicable)

I hereby authorize the named company and/or individual(s) to represent me:

First Name: _____ Last Name: _____

Company Name: _____

Professional Title: _____

E-mail Address: _____ Fax #: _____

By providing an e-mail address you agree to receive communications from LUS by e-mail.

Daytime Telephone #: _____ Alternate Telephone #: _____

Mailing Address: _____

Apt/Suite/Unit#

Street Address

City/Town

Province

Country (if not Canada)

Postal Code

Signature of Applicant: _____ Date: _____

Please note: If you are representing the applicant and are NOT a solicitor, please confirm that you have written authorization to act on behalf of the applicant. Please confirm this by checking the box below.



I certify that I have written authorization from the applicant to act as a representative with respect to this application on his or her behalf and I understand that I may be asked to produce this authorization at any time.