



Application for Variance in a Regional Plan

Form (LUS-02)

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

1: Details of Application for Variance

Name of Regional Plan

If the application is with respect to a land area, provide the legal description (Township, Range, Meridian). If the application is with respect to an existing land use, provide a description of that land use. As a title holder, provide a copy of the title or disposition that supports your application.

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A. *Outline why you are a “title holder” with respect to the land that is the subject of the variance request (i.e. do you own, occupy, or have an interest in the land that is the subject of the variance request? If the land is Crown land, do you have a surface disposition or other interest in that land?)*

B. *Explain why the variance is necessary.*

C. *Clearly explain the following factors:*

- (a) How the proposed variance is consistent with the purposes of the Alberta Land Stewardship Act;*
- (b) How the proposed variance is not likely to diminish the spirit and intent of the regional plan; and*
- (c) How a refusal to grant the variance would result in unreasonable hardship to you without an offsetting benefit to the overall public interest.*

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Part 2: Requested Relief

Describe the specific variance that you are applying for, including any proposed terms and conditions of that variance.

Part 3: Other Applicable Information

Please provide any additional information that may be relevant to this application.

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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 of any change of address or telephone number in writing.

A variance only provides an exception to a specific limitation, restriction or requirement in a regional plan.

The Applicant remains responsible for obtaining all necessary authorizations or amendments to authorizations from any other regulatory agency (federal or provincial) in order to carry out the proposed activity or project.

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.

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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: _____

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 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.

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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.