Application for Variance in a Regional Plan

Form (LUS-02)

Land Use Secretariat
9th floor, Centre West Building
10035 – 108 Street
Edmonton, AB T5J 3E1
TEL: 780-644-7972 or Toll Free Rite Line at: 310-0000
FAX: 780-644-1034

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.

1: Details of Application for Variance

Lower Athabasca Regional Plan

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.

Township 73, Range 9, W4M
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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?)

Please see attached.

B. Explain why the variance is necessary.

Please see attached.

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.

Please see attached.
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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.

Please see attached.

Part 3: Other Applicable Information

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

Please see attached.
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Part 4: Applicant Information

First Name: Keith
Last Name: Turriff

AltaLink Management Ltd.
Company Name or Association Name (if any)

Professional Title (if applicable): Manager - Regional and Customer Projects

Email Address: Keith.Turriff@AltaLink.ca
Fax #: 403-267-4454

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

Daytime Telephone #: 403-267-6144
Alternate Telephone #: 403-519-9431

Mailing Address:
2611 - 3rd Avenue SE
Calgary
Apt/Suite/Unit#
Street Address
City/Town
Alberta
Province
Country (if not Canada)
T2A 7W7
Postal Code

Signature: __________________________
Date: July 23, 2013

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 Freedom of Information and Protection of Privacy Act, Chapter/Regulation: F-25 RSA 2000.
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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.

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.