

ZONING CONFIRMATION APPLICATION FORM

*Applicant Information			
Name		Agency Name (if applicable)	
Mailing Address	City/Town/Village	Province	Postal Code
Phone #		Email Address	
*Site Information			
Street Address			
Legal Description of Site			
Tax Roll #			

*Indicates a required field(s).

Signature of Applicant:	Date:	YYYY	MM	DD
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How shall we notify you once the process is complete? _____ Email _____ Mail

We accept cash, debit, or cheque as a form of payment.

Office hours are Monday to Friday 8:30 a.m. to 4:30 p.m.

OFFICE USE ONLY	ZONING RESPONSE FROM PLANNING & DEVELOPMENT STAFF	Date Received Stamp
\$50.00 Fee Receipt #: _____ Staff Initials: _____		

Please mail or email your zoning inquiry to:

Attn: Planning & Development
Town of St. Paul
Box 1480
2nd Floor, 5101-50 Street
St. Paul, AB T0A 3A0
Email: townhall@town.stpaul.ab.ca