



# VILLAGE OF VILNA

5135 - 50 Street

Box 10, Vilna AB T0A 3L0

780-636-3620

[vilna@mcsnet.ca](mailto:vilna@mcsnet.ca)

## DEVELOPMENT PERMIT AMENDMENT FORM

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Name of Applicant: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Registered Owner (if different from Applicant): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Description:

Plan: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Property Address: \_\_\_\_\_

Development Permit Application No.: \_\_\_\_\_

Development Proposal (description)

Legal Location: \_\_\_\_\_

Type of Use: \_\_\_\_\_

Reason for Amendment: (please free to attach additional sheets, if required)

Proposed Variance to the Bylaw: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Reason for Proposed Variance:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Impact of Variance on Adjacent Properties:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
(applicant Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Registered Owner Signature (if different from applicant.))

**Mail or Deliver to:   Development Officer**  
**Village of Vilna**  
**5135 – 50 Street**  
**Box 10**  
**Vilna, AB T0A 3L0**

Date Received: \_\_\_\_\_

Application No.: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

(For Office Use Only)