

TIME EXTENSION APPLICATION

TOWN OF COCHRANE PLANNING SERVICES 101 RANCHEHOUSE ROAD, COCHRANE, AB T4C 2K8

TEL: 403-851-2570 Email: planning@cochrane.ca

SD/DP File No	
Neighbourhood:	
Fee Submitted:	
Receipt No.	

FOR OFFICE USE:

Date Submitted:

Plan:

1. Applicant Information: This form is to be completed in full, wherever applicable, by the registered owner of the land that is the subject of the application, or by a person authorized to act on behalf of the registered owner.

Name of Applicant (please print):

Mailing Address:

City/Prov/Postal code:

Phone:

Email:

Lot(s):

2. Application Information

Town of Cochrane File Number:

Neighbourhood:

3. Legal Description

Block(s) / Unit(s):

Municipal Address:

4. Amount of Time Being Requested (Up to one year maximum as per MGA)

5. Reasons for the Extension

6. Consent to Electronic Process:

I/We, the landowner or agency acting on the landowner's behalf, consent to the use of the Town's electronic process, which includes electronic documents, stamps, and signatures.

Yes No

7. Signature

Name (print):

Signature:

FOIP Notification

Compliance with the requirements of Land Use Bylaw 01/2022 does not afford relief from compliance with the *Municipal Government Act* or any other federal, provincial, or municipal legislation, or the conditions of any easement, covenant, building scheme, or agreement affecting the lands or buildings.

FOIP Notification: The personal information requested on this form is collected under the authority of the *Municipal Government Act*, Section 640, and the *Alberta Freedom of Information and Protection of Privacy (FOIP) Act*, Section 33(c) and is protected under Part 2 of that Act. Information collected by public bodies forms part of a file that may be available to the public. Please be advised that the information collected is used for processing this application, ensuring compliance with planning policies, and may be used to conduct ongoing evaluations of services received by the Town of Cochrane. Questions about this collection can be submitted to: FOIP Coordinator, 2nd Floor, 101 Ranchehouse Road, T4C 2K8, 403-932-2674 or FOIP@cochrane.ca