



ROAD CLOSURE APPLICATION

APPLICANT INFORMATION

Registered Landowner(s): _____

Mailing Address: _____ Town/City: _____ Postal Code: _____

Phone: _____ Email: _____

**By providing an email address, you authorize the County to contact you via email*

LAND INFORMATION

Legal Land Location: _____ ¼ of Sec. _____ Twp. _____ Range _____ W4M

Lot: _____ Block: _____ Plan: _____ Hamlet/Subdivision: _____

The subject road allowance is located immediately

N ☐

S ☐

E ☐

W ☐

NE ☐

NW ☐

SE ☐

SW ☐

of my property

Note: This application is for undeveloped road allowance closure, road plan closure, and/or consolidation only.

Please identify the purpose for requesting the closure in the space provided below:

I/We, _____ hereby certify that
(FULL NAME OF REGISTERED LANDOWNER(S))

I am the registered owner and that the information provided on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application for road closure.

Applicant Signature

Date

Applicant Signature

Personal Information is collected under the authority of s. 33 (c) of the Freedom of Information and Protection Act and will be used in the management and administration of the County of Minburn's planning and permitting processes. Information related to your road closure application and/or any permit(s) issued may be disclosed as allowed or required by law. If you have any questions about the collection, use, or disclosure of your personal information, contact Planning and Community Services at 780-632-2082.

FOR ADMINISTRATIVE USE:

APPLICATION NO: _____

APPLICATION DEEMED COMPLETE (DATE): _____

ROLL NUMBER: _____