



LAND USE REDESIGNATION
Secondary Suites
 PL 1259 (2017-06)

Land to Be Redesignated		
Municipal Address		
Owner		
Contact Name	Phone Number (during business hours)	
Email	City	
Address	Province	Postal Code
Applicant		
Applicant is: <input type="checkbox"/> Same as Owner <input type="checkbox"/> Representing Owner		
Business Trade Name (if applicable)	Business ID (if applicable)	
If not an owner, registered business, or licensed business, please fill out contact information below		
Contact Name	Phone Number (during business hours)	
Email	City	
Address	Province	Postal Code
Print Name	Signature	Date (YYYY-MM-DD)
Contact Name	Phone Number (during business hours)	

For Office Use Only
Land Use Districts: <input type="checkbox"/> R-1 to R-1s <input type="checkbox"/> R-C1 to R-C1s <input type="checkbox"/> R-C1L to R-C1Ls

FOIP DISCLAIMER: The personal information on this form is being collected under the authority of The Calgary Building Permit Bylaw 64M94 (Section 5) and amendments thereto. It will be used for the permit review and inspection processes and may be communicated to relevant City Business Units, utility providers, and Alberta Health Services. It may also be used to conduct ongoing evaluations of services received from Planning & Development. The name of the applicant and the nature of the permit will be available to the public. Please send inquiries by mail to the FOIP Program Administrator, Planning & Development, PO Box 2100, Station M, Calgary, AB T2P 2M5 or contact us by phone at 311.