



Mountain View
C O U N T Y

Additional Dog Application

1408 Twp. Rd. 320 / Postal Bag 100, Didsbury, AB Canada TOM OWO
T 403.335.3311 F 403.335.9207 Toll Free 1.877.264.9754
www.mountainviewcounty.com

LAND OWNER DETAILS

LANDOWNER: _____
Address: _____ Postal Code: _____
Preferred Phone #: _____ Alternate Phone #: _____
Email Address: _____

Is the location in this application a rental property? Yes No

INDICATE METHOD OF DELIVERY: Call _____ at _____ for Pick Up
 Mail to _____

SITE INFORMATION

RURAL ADDRESS: _____
LEGAL DESCRIPTION: Lot _____ Block _____ Plan _____
Part of/All of _____ ¼ Section _____ Township _____ Range _____ W _____ M
LAND USE DESIGNATION: _____ ROLL #: _____ PARCEL AREA: _____

ANIMAL DETAILS

Dog indicate breed: _____

Number of additional animals requested _____ (must not exceed animal units/maximums for land zoning)

ADDITIONAL INFORMATION REQUIRED (as per Section 5.08 of Bylaw 07/12)

- | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Proximity to dwelling units on and off property | <input type="checkbox"/> Potential nuisance impacts |
| <input type="checkbox"/> Parcel size and isolation of the parcel | <input type="checkbox"/> Compatibility with surrounding uses |
| <input type="checkbox"/> Any required structures used to house the dogs | <input type="checkbox"/> Consultation with adjacent landowners |

AUTHORIZATION

I, _____ hereby certify that: I am the registered owner
(Signature)

and that the information given 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 additional dogs.

Please Note: Information provided in regard to this application will be made available to the decision makers. By making this application, pursuant to s. 17(2) of the Freedom of Information and Protection of Privacy Act, you consent to this disclosure of any information which might otherwise be considered personal information.

OFFICE USE ONLY

Review Committee Comments:

Date Received: _____ File Number: **CC** _____
Fee Paid: \$ _____ Receipt Number: _____