



ENVIRONMENTAL RESERVE LICENCE AGREEMENT APPLICATION

SECTION 1: APPLICANT INFORMATION

Name:			
Address:			
Mailing Address (if different):			
Legal Property Address:	Lot: _____	Block: _____	Plan: _____
Phone:		Email:	

SECTION 2: LIST OF ENCROACHMENTS

Please confirm the type of encroachment(s) that currently exist or are proposed to be placed on the City's Environmental Reserve for which you are seeking a licence agreement (please check all that apply):

<input type="checkbox"/> Boat Lift	<input type="checkbox"/> Mooring Structure	<input type="checkbox"/> Fire Pit	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Portable Dock	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Fence	<input type="checkbox"/> Stairs
<input type="checkbox"/> Patio (Dimensions): _____	<input type="checkbox"/> Portable Shed (Dimensions): _____		
<input type="checkbox"/> Permanent Structure (Dimensions): _____	<input type="checkbox"/> Other (Describe): _____		

Please confirm if the encroachment(s) listed above are: Existing Proposed

SECTION 3: DECLARATION

I, _____, hereby declare that:

- I have reviewed and understand the conditions/terms of the City of Cold Lake Environmental Reserve Lands Policy No. 221-AD-22 and Parks and Public Facilities Bylaw No. 812-PL-23.
- I understand that a Licence Agreement allows only the specified encroachment(s) to occupy the City's Environmental Reserve and that members of the public have a legal right to access the Environmental Reserve Lands.

Signature of Applicant: _____ Date: _____

SECTION 4: APPLICATION CHECKLIST

Licence Agreement Fee (\$500) *IF SUBMITTING BY MAIL PLEASE ENCLOSE A CHEQUE PAYABLE TO THE CITY OF COLD LAKE*

Proof Of Insurance (minimum \$2,000,000 General Liability Coverage)

Other Permits, as required (*i.e. Development, Building, Electrical*)

Submit Completed Request Form in person or by mail to:

**City of Cold Lake
5513 48 Avenue
Cold Lake, AB T9M 1A1**

Or via email to planning@coldlake.com

OFFICE USE ONLY	
Received By:	Date Received:
Fee Paid: \$500.00 <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt No.:
Reviewed By:	Title:
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Signature:
Date Licence issued:	Issued Via: <input type="checkbox"/> Pickup <input type="checkbox"/> Mail <input type="checkbox"/> Email

5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email (legislative@coldlake.com) or phone (780) 594-4494 ext. 7915.