

DATE RECEIVED: _____ TO BE COMPLETED BY MPS STAFF

DEEMED COMPLETE: _____ TO BE COMPLETED BY MPS STAFF

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 the registered owner's behalf.

1. Name of registered owner of land to be subdivided _____ **Address, Phone Number, and Fax Number** _____

2. Name of person authorized to act on behalf of owner (if any) _____ **Address, Phone Number, and Fax Number** _____

3. LEGAL DESCRIPTION AND AREA OF LAND TO BE SUBDIVIDED

ALL PART of the _____ ¼ SEC. _____ TWP. _____ RANGE _____ WEST OF _____ MERIDIAN.
 Being ALL PART of LOT _____ BLOCK _____ REG. PLAN NO. _____ C.O.T. NO. _____
 Area of the above parcel of land to be subdivided _____ hectares (_____ acres)
 Municipal address (if applicable) _____

4. LOCATION OF LAND TO BE SUBDIVIDED

- a. The land is situated in the municipality of: _____
- b. Is the land situated immediately adjacent to the municipal boundary? YES NO
 If 'YES', the adjoining municipality is _____
- b. Is the land situated within 1.6 KM of a right-of-way of a highway? YES NO
 If 'YES', the Highway # is: _____
- d. Is a river, stream, lake, other water body, drainage ditch, or canal within (or adjacent to) the proposed parcel? YES NO
 If 'YES', the name of the water body/course is: _____
- e. Is the proposed parcel within 1.5 KM of a sour gas facility? YES NO

5. EXISTING AND PROPOSED USE OF LAND TO BE SUBDIVIDED (Please describe)

| Existing Use of the Land | Proposed Use of the Land | Land Use District Designation (as identified in the Land Use Bylaw) |
|-----------------------------|-----------------------------|--|
| _____ | _____ | _____ |

6. PHYSICAL CHARACTERISTICS OF LAND TO BE SUBDIVIDED (Please describe, where appropriate)

| Nature of the Topography (e.g. flat, rolling, steep, mixed) | Nature of the Vegetation and Water (e.g. brush, shrubs, treed, woodlots) | Soil Conditions (e.g. sandy, loam, clay) |
|--|---|---|
| _____ | _____ | _____ |

7. STRUCTURES AND SERVICING

| | |
|---|---|
| Describe any buildings/structures on the land and whether they are to be demolished or moved. | Describe the manner of providing water and sewage disposal. |
| _____ | _____ |

8. REGISTERED OWNER OR PERSON ACTING ON THE REGISTERED OWNER'S BEHALF

I _____ hereby certify that I am the registered owner OR I am the agent authorized to act on behalf of the registered owner 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 subdivision.

IF THERE IS MORE THAN ONE REGISTERED LANDOWNER, PLEASE COMPLETE FORM 5

Signature _____ Date _____

ADDITIONAL APPLICATION REQUIREMENTS (CHECKLIST)

The following is a list of application requirements needed to provide a completed subdivision application:

- Application Fee (Please refer to applicable MPS fee schedule)**

- FORM 1 | Application for Subdivision (must be completed in full and signed)**

- FORM 2A or 2B | Alberta Energy Regulator (AER) Abandoned Wells Statement (whichever is applicable)**

- FORM 3A | Authorization for Electronic Communication**

- FORM 4 | Tell Us About Your Sewage Disposal System**
To be completed for each private sewage disposal system on the subject property

- FORM 5 | Landowner Letter of Authorization**
Must accompany all applications where the applicant is not the landowner **OR where there is more than one registered landowner. Please note that signatures are required for **ALL** registered landowners**

- Certificate of Title (obtained within 3 months of the submission of the application)**
Please note that if one is not provided, we may acquire one on your behalf for a fee

- Tentative Plan of Subdivision (with area and dimensions of the proposed lot(s) and remainder parcel)**

- An orthophoto of the subject site (including proposed and remainder parcels)**

- Any other items or information identified during pre-submission consultation. Please list below.**

Please note that **applications may not be deemed complete** until all application requirements have been submitted and reviewed for completeness.

FORM 2a | STATEMENT REGARDING ABANDONED WELLS LOCATED

PLEASE PRINT

I/We _____

the registered owner(s) (or authorized agents) of _____
LEGAL LAND DESCRIPTION

have consulted the Alberta Energy Regulator (AER) Abandoned Well Map Viewer, and verified that:

ABANDONED WELLS ARE LOCATED ON THE PROPERTY SUBJECT TO THIS APPLICATION.

I/We have contacted the responsible licensee(s) and the exact well location(s) has/have been confirmed.

Additional information provided by the licensee(s) requiring a change in the setback area is attached:

YES

NOT APPLICABLE

In the event that construction activity occurs within the setback area of the abandoned well(s) as a result of development on the subject property, the abandoned well(s) will be temporarily marked with on-site identification to prevent contact during construction.

I/We have attached a copy of the AER map showing the subject property and a list identifying and locating the abandoned well(s) and on the subject property.

Signature of Registered Owner (or Agent)

Date

FURTHER INFORMATION MAY BE PROVIDED AS AN ATTACHMENT

FORM 2b | STATEMENT REGARDING NO ABANDONED WELLS

PLEASE PRINT

I/We _____

the registered owner(s) (or authorized agents) of _____

LEGAL LAND DESCRIPTION

have consulted the Alberta Energy Regulator (AER) Abandoned Well Map Viewer, and verified that:

THERE ARE NO ABANDONED WELLS LOCATED ON THE PROPERTY SUBJECT TO THIS APPLICATION.

I/We have attached a copy of the AER map showing the subject property.

Signature of Registered Owner (or Agent)

Date

FURTHER INFORMATION MAY BE PROVIDED AS AN ATTACHMENT

Municipal Planning Services (2009) Ltd.

#206, 17511 – 107 Ave. Edmonton

| | | | |
|--------|--------------|-----------------------|---------------------|
| Phone: | 780.486.1991 | Business Hours | Email: |
| Fax: | 780.483.7326 | M-F: 8:30am to 4:00pm | admin@munplan.ab.ca |

Owner(s) consent to receive electronic communication by an authorized person of Municipal Planning Services for the purpose of conveying information relative to a subdivision application.

Section 608 (1) of the Municipal Government Act, R.S.A. 2000, c. M-26, as amended states:

608 (1) *Where this Act or a regulation or bylaw made under this Section requires a document to be sent to a person, the document may be sent by electronic means if*

(a) *the recipient has consented to receive documents from the sender by those electronic means and has provided an e-mail address, website or other electronic address to the sender for that purpose.*

In accordance with the above Section and the municipality's Land Use Bylaw requirements, it is necessary that this form be completed and returned with your application submission in order that an authorized person from Municipal Planning Services may be able to communicate information to you electronically regarding your file.

I/We grant consent for an authorized person of Municipal Planning Services to communicate information electronically regarding my/our file.

YES NO

Legal Land Description _____

Applicant or Registered
Owners Name as Per
Certificate of Title _____

Name of Signing Authority
(If owner is a numbered
company) _____

E-mail Address, Website
or other Electronic Address _____

Signature

Print

Date

FORM 4 | TELL US ABOUT YOUR SEWAGE DISPOSAL SYSTEM

An existing sewage disposal system must comply with the setbacks outlined below:

| Disposal Systems | Property Line | Water Source | Building | Septic Tank | Basement | Water Course |
|--------------------------------------|---------------|----------------|---------------|-------------|--------------|---------------|
| Holding Tank | 1 m (3.25 ft) | 10 m (33 ft) | 1 m (3.25 ft) | | | 10 m (33 ft) |
| Treatment Mound | 3 m (10 ft) | 15 m (50 ft) | 10 m (33 ft) | 3m (10 ft) | 10 m (33 ft) | 15 m (50 ft) |
| Treatment Field | 1.5 m (5 ft) | 15 m (50 ft) | 5 m (17 ft) | 5 m (17 ft) | 10 m (33 ft) | 15 m (50 ft) |
| Open Discharge | 90 m (300 ft) | 50 m (165 ft) | 45 m (150 ft) | | | 45 m (150 ft) |
| Lagoon | 30 m (100 ft) | 100 m (330 ft) | 45 m (150 ft) | | | 90 m (300 ft) |
| Packed Sewage Treatment Plant | 6 m (20 ft) | 10 m (33 ft) | 1 m (3.25 ft) | | | 10 m (33 ft) |

Source: Alberta Private Sewage System Standards of Practice (2015)

An existing private sewage system may have to be inspected as a condition of subdivision approval to ensure compliance with the requirements listed above. Should the existing sewage system not be compliant with the current code of practice, you will be required to upgrade to a compliant system at your own expense.

We strongly recommend that you research installation costs with accredited private sewage contractors.

1. Legal Land Description

Lot/Block/Plan _____

Quarter Section _____

2. What type of sewage disposal system do you currently have?

- Open discharge (gray water)
- Treatment Field System
- Treatment Mound
- Other (Please Specify) _____

3. When was the sewage disposal system installed?

4. What is the holding capacity of the sewage disposal system?

5. Who installed the sewage disposal system (if known)?

6. Distance from the sewage disposal system to the house:

Signature

Date

FURTHER INFORMATION MAY BE PROVIDED AS AN ATTACHMENT

Municipal Planning Services (2009) Ltd.

#206, 17511 – 107 Ave. Edmonton

Phone: 780.486.1991

Business Hours

Email:

Fax: 780.483.7326

M-F: 8:30am to 4:00pm

admin@munplan.ab.ca

LANDOWNER LETTER OF AUTHORIZATION

This form must accompany all applications where the applicant is not the landowner **OR** where there is more than one registered landowner. Please note that signatures are required for all registered landowners.

PLEASE ENSURE THAT ALL NAMES AND SIGNATURES OF THOSE LISTED ON THE CERTIFICATE OF TITLE ARE INCLUDED.

I/We _____

Being the registered owner(s) of:

ALL PART of the _____ ¼ SEC. _____ TWP. _____ RANGE _____ WEST OF _____ MERIDIAN.

Being ALL PART of LOT _____ BLOCK _____ REG. PLAN NO. _____ C.O.T. NO. _____

Do hereby authorize: _____

to act as **APPLICANT** on my/our behalf regarding the subdivision application of the above mentioned lands.

Name of Applicant: _____

Address: _____ Postal Code: _____

Phone #: _____ Alternate Phone #: _____

Email/Fax: _____

Landowner Signature: _____ Date: _____

Landowner Signature: _____ Date: _____

Landowner Signature: _____ Date: _____

If space for additional signatures is required, please provide as an attachment to this form.