

**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 4

Signature

Date



**FORM 2a | STATEMENT REGARDING ABANDONED WELLS LOCATED**

I/We

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

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**

I/We

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

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  
Fax: 780.483.7326

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

Email:  
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

*This information is being collected under the authority of section 33(c) the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to administer a subdivision application and decision. The personal information provided will be protected in accordance with Part 2 of the Act.*

**FORM 4 | LANDOWNER LETTER OF AUTHORIZATION**

**Municipal Planning Services (2009) Ltd.**  
#206, 17511 – 107 Ave. Edmonton

Phone: 780.486.1991  
Fax: 780.483.7326

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

Email:  
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.

The personal information requested on this form is being collected by Municipal Planning Services (2009) Ltd for purposes provided under Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and is protected by the FOIP Act. If you have any questions about this collection, contact MPS at (780) 486-1991.