

File No #: _____

Application Date: _____

The Registered Owner(s) of the land to be subdivided, or a person authorized to act as an agent, must complete this form in its entirety.

Landowner Name(s): _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Alt Phone: _____

Email Address: _____

☐ (Same as Landowner)

Contractor Name(s): _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Alt Phone: _____

Email Address: _____

LEGAL DESCRIPTION AND AREA OF LAND TO BE SUBDIVIDED

All/Part of the _____ ¼ sec. _____ range _____ west of the fourth meridian,
being all/part of:

Lot: _____ Block: _____ Plan: _____

Certificate of Title No.: _____

Area of the parcel of land to be subdivided: _____ hectares.

LOCATION OF LAND TO BE SUBDIVIDED

The land is located in the Town of Blackfalds:

- a) Is the land situated immediately adjacent to the municipal boundary?
☐ No ☐ Yes – What is the adjoining municipality? _____
- b) Is the land situated within 1.6 kilometers of the centre line of a highway?
☐ No ☐ Yes – What Highway No. is this? _____
- c) Does the parcel contain or is it bounded by a river, stream, lake, or other body of water, or by a drainage ditch or canal?
☐ No ☐ Yes – State the name: _____
- d) Is the parcel within 1.5 kilometers of a sour gas facility?
☐ No ☐ Yes
- e) Does the land require Canada Post Box locations?
☐ No ☐ Yes – If so, please identify locations on the Tentative Subdivision Plan.

EXISTING AND PROPOSED USE OF LAND TO BE SUBDIVIDED

- a) Describe the existing use of the land: _____
- b) Describe the proposed use of the land: _____
- c) The land designation, as classified under the Land Use Bylaw is: _____

PHYSICAL CHARACTERISTICS OF LAND TO BE SUBDIVIDED

- a) Describe the nature of the land's topography (flat, rolling, steep, mixed): _____

- b) Describe the nature of the vegetation and water on the land (brush, shrubs, tree stands, wood lots, etc.): _____

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c) Describe the kind of soil on the land (sandy, loam, clay, etc.):

EXISTING BUILDINGS ON THE LAND TO BE SUBDIVIDED

Describe any buildings and structures on the land and whether they are to be demolished or moved:

WATER AND SEWER SERVICES

If the proposed subdivision is to be serviced by other than a water distribution system and a wastewater collection system, describe the manner of providing water and sewage:

Is the property the subject of a license, permit, approval, or other authorization granted by the Natural Resources Conservation Board, Energy Resources Conservation Board, Alberta Energy Regulator, Alberta Energy and Utilities Board or Alberta Utilities Commission?

☐ Yes

☐ No

If yes, please describe:

Is the property the subject of the application the subject of a license, permit, approval, or other authorization granted by the Minister or granted under any Act the Minister is responsible for under s.16 of the Government Organization Act*?

☐ Yes

☐ No

If yes, please describe:

Is the subject property immediately adjacent to the County boundary?

☐ Yes

☐ No

If yes, please describe:

**The Minister is responsible for the following acts: AB Land Stewardship Act, Environmental Protection Act, Public Lands Act, Surveys Act, Water Act.*

RESOURCES:

Water Act & Environmental Protection and Enhancement Act Approvals - **Alberta Energy Regulator:** <https://avw.alberta.ca/ApprovalViewer.aspx>
Historic Sites/Resources (requires an account) – **Online Permitting and Clearance (OPAC):** <https://www.opac.alberta.ca/Login.aspx>
Abandoned Wells – **Abandoned Well Map Viewer:** <https://extmapviewer.aer.ca/AERAbandonedWells/Index.html>
Pipeline/Well Locations – **Regulatory Assurance:** <https://regulatoryassurance.alberta.ca/dras?id=public-notice>

REGISTERED OWNER(S) OR PERSON ACTING ON OWNER'S BEHALF

I/We, (please print full name(s)), hereby certify that

- ☐ I/We are the registered owner(s), 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.

Signature: Date:

Signature: Date:

AGENT AUTHORIZATION (WHEN APPLICABLE)

I/We, (please print full name(s)), being the registered owner(s) of the land being subdivided do hereby authorize (individual or firm seeking application)

to make application for subdivision affecting the above noted property.

Signature: Date:

Signature: Date:

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RIGHT TO ENTRY

Pursuant to Sections 653(2) of the Municipal Government Act, I hereby ☐ do, or ☐ do not grant consent for a designated officer of the Town of Blackfalds to enter upon the land described above, which is subject to an application for subdivision, for the purpose of a site inspection.

Name: _____ Date: _____
(please print full name)

Name: _____ Date: _____
(please print full name)

Signature: _____ Date: _____

Signature: _____ Date: _____

COMMENTS (FURTHER INFORMATION MAY BE PROVIDED ON A SEPARATE SHEET AND INCLUDED WITH THIS APPLICATION)

BELOW FOR OFFICE USE ONLY

Subdivision Application Fee: (1-61-00-526)	\$
TOTAL:	\$

Receipt #: _____

Date Paid: _____

Personal information collected on this application will be used in the evaluation of plans and to facilitate contact with referral agencies and adjacent landowners. The information is collected under the authority of the *Municipal Government Act* and the Land Use Bylaw currently in force, as well as Section 4(c) of the *Protection of Privacy Act* and will be protected under Part 1 of the *Protection of Privacy Act*. As mandated in the *Access to Information Act*, applicant names and the nature of permits issued may be made publicly available. Questions or concerns regarding the collection and/or use of this information may be directed to the Information Governance Coordinator at access@blackfalds.ca or by phone at 403.885.6370.