

Development Permit #: _____ **Date Received:** _____ **Date Accepted:** _____

I/We hereby make application under the provisions of the Land Use Bylaw for Development Permit in accordance with the supporting information submitted which will form part of this application.

APPLICANT INFORMATION

Applicant Name: _____ Registered Land Owner if Different from Applicant: _____
 Address: _____ Address: _____
 City/Town: _____ City/Town: _____
 Province: _____ Postal Code: _____ Province: _____ Postal Code: _____
 Email: _____ Email: _____
 Phone: _____ Phone: _____

BUSINESS INFORMATION

Mailing Address: _____ City/Town: _____ Province: _____
 Postal Code: _____ Email: _____ Phone: _____

LAND INFORMATION

Legal Description of proposed development site:

Plan	Block	Lot	Stall
Civic/Rural Address			
Hamlet			

Ward

QTR/L.S	SEC	TWP	RG	M
MLL/MS/TFA		Acres/Ha		

Quarter Section Acreage

Description of existing use of land including existing buildings: _____

DEVELOPMENT INFORMATION

Describe proposed development: _____

- Commercial/Industrial Building Temporary Structure Security Suite Fence
- Public Use Building Ancillary Building/Shed Moved- In Building Other
- Industrial Camp Business Relocation Structural Renovations



Building Size:	Length	Width	Height	Sqz	Other
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ft.
m

The Land is Adjacent to: Primary Highway (88) or (58) Secondary Highway (697)
 Hamlet Road Local Road

Estimated Project Time and Cost:

Start Date	End Date	Estimated Project Cost
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Attached is: Site Plan Blueprints Floor Plans

Site plans and blueprints are required for all Development Permit applications unless otherwise specified by the Planning Department. Multi-family Development Permit applications are required to include a site plan prepared by a surveyor or engineer and such site plan shall show the proposed building with setbacks from property lines, parking stalls, entry onto and exits off of the lot and any other information as required by the County to render a decision.

GEOGRAPHIC INFORMATION

Is there any of the following within 1/2 mile (800m) of the proposed development:

Slope/Coulee/Valley/Ravine Sewage Treatment /Sewage Lagoon
 River /Waterbody Land Fill/Garbage Disposal Site

Unless this application is for a Yard Site Development, a County approved access is required before a Development Permit can be issued.

Is there an Existing Access to Proposed Site?
 YES NO

Does the site location require an access or road to be built to proposed site?
 YES NO

Do you have a rural address sign on your property?
 YES NO

Access Application Date:
 Access Approval Date:

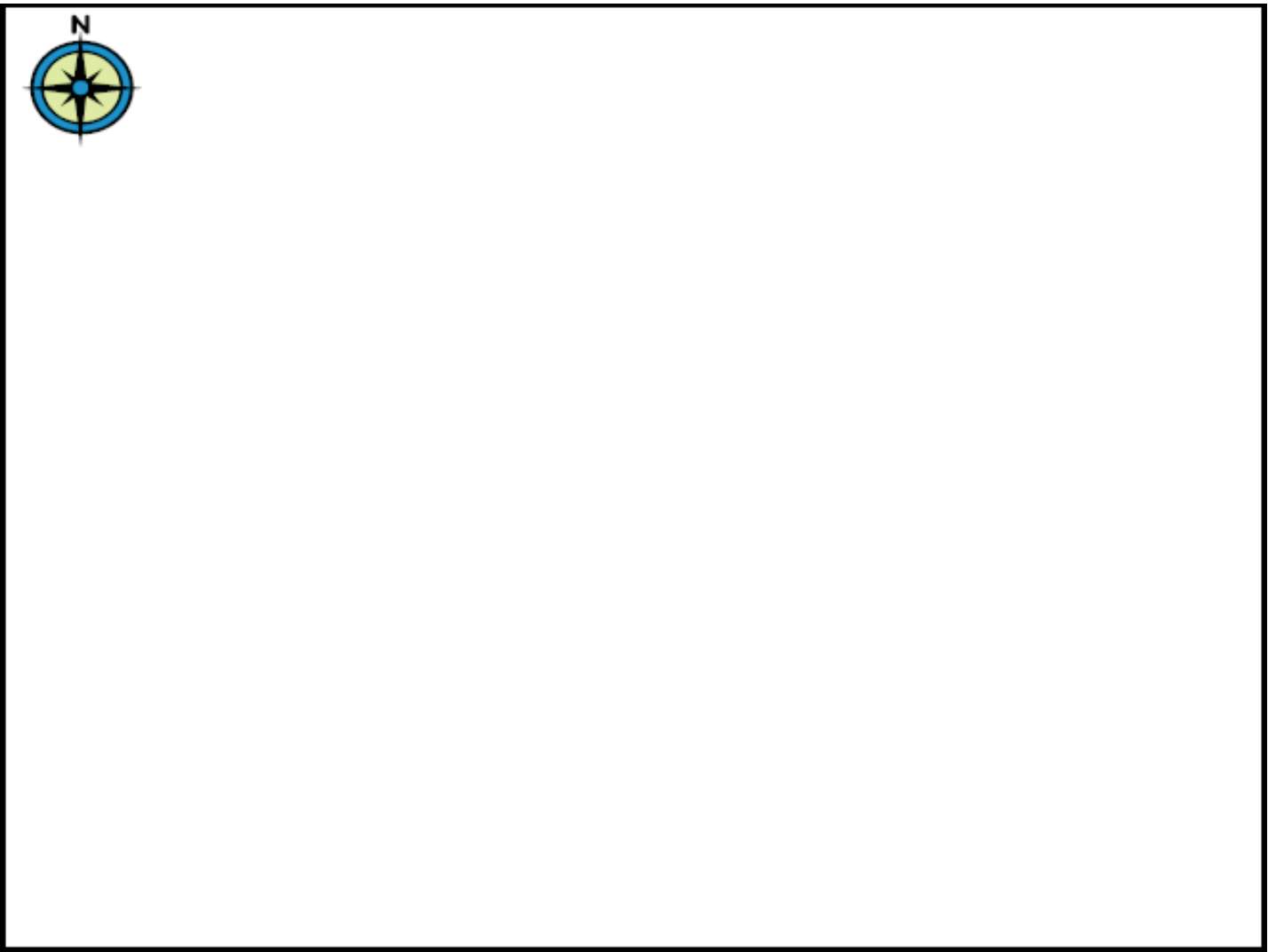
My proposed access will be _____ meters from _____
 (eg. SW corner)

If you do not have an address, one will be assigned and you will be charged the fee of the sign. It is your responsibility to install the sign on your property.



SITE PLAN

An accurate site plan must be provided or the application will not be processed.



If applicable, please include the following information in your drawing:

location/distance of existing buildings from property lines

location of access/driveway, and distance from intersections

location of shelterbelts and/or treed areas

location of parking and loading areas

length and width of property

location/distance of proposed buildings from property lines

ravines, creeks, lakes, sloughs, and any other water bodies

location of road(s), road allowances

location of parking and loading areas

Setbacks from Property Lines

Front Yard	ft.
_____	m

Rear Yard	ft.
_____	m

Side Yard (1)	ft.
_____	m

Side Yard (2)	ft.
_____	m

DECLARATION

I declare that the information on this application is, to the best of my knowledge, factual and correct.

I understand that this application will not be accepted without the following:

Applicant Name (Print)		Registered Land Owner Name (Print)	
Applicant Name (Signature)	Date	Registered Land Owner (Signature)	Date

(a) appropriate development information (b) application fee as per Fee Schedule Bylaw

NOTE: The signature of the Registered Land Owner is required if the applicant is not the registered landowner. The signing of this application, by the applicant and/or registered landowner, grants permission for necessary inspections of the property to be conducted by authorized persons of Mackenzie County.

The personal information on this form is collected in accordance with section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act for the purpose of issuing development permits, Land Use Bylaw enforcement and property assessment purposes. The name of the permit holder and the nature of the permit are available to the public upon request. If you have any questions about the collection, use or disclosure of this information, please contact the FOIP Coordinator at (780) 927-3718.

FOR ADMINISTRATIVE USE ONLY

Complies With:

MDP Yes
No

ASP Yes
No

AVPA Yes
No

Offsite Levy (If Required):

Connection Fee \$ _____
Receipt Number _____

Land Use Classification: _____

Tax Roll No: _____

Class of Use: _____
(Commercial/Industrial/Residential/Institutional/Home Based Business)

Permitted/Discretionary: _____

Proposed Use: _____

Development Application Fee Enclosed: ____ Yes ____ No Amount \$ _____ Receipt No: _____



BUSINESS INFORMATION:

Do you already have a Business License? YES NO ABL# _____

Year of establishment: _____

Registered Business Name: _____

What is your business trade? _____

Hours of operation: _____

Are you an incorporated company? YES NO

If yes, what is your corporate name? _____

What is your company?

Public Limited Company

Private Limited Company

Cooperative Business

Are you a: Sole Proprietor? Or Part of a: Partnership Corporation

If applicable, please name your partners:

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Number of Employees: Full Time _____ Part Time _____ Seasonal _____

COMMERCIAL/INDUSTRIAL BUILDING DETAILS

Please detail the business activities that will take place outside the building:

What is the total floor space? _____ sqft Office area size? _____ sqft

Warehouse/work area size? _____ sqft

Will you be sharing the space with another business? YES NO

Will there be any combustible, flammable, or explosive material stored, used or produced at this business?

YES NO

INDUSTRIAL BUSINESSWill there be any outdoor storage? **Please indicate in the site plan.** YES NO

If yes, is the outdoor storage screened? YES NO

What is the showroom area? _____ sqft

EATING & DRINKING ESTABLISHMENTWill there be outdoor seating? **Please indicate in the site plan.** YES NO

If yes, what is the outdoor seating capacity? _____

What is the restaurant public floor area? _____ sqft

What is the indoor seating capacity? _____

Have you been in contact with Alberta Health Services? YES NO

Mackenzie County

Box 640, 4511-46 Avenue

Fort Vermilion, AB T0H 1N0



Mackenzie County

Phone: (780) 928-3983

Fax: (780) 928-3636

Email: lwashkevich@mackenziecounty.com

Mackenzie County
REQUEST TO CONSTRUCT OR ALTER AN ACCESS
(Approaches/Driveways)
Policy PW039 Schedule "G"

Applicant Information:

Name: _____

Address: _____ Phone: _____

City: _____ Cell: _____

Province: _____ Postal Code: _____ Fax: _____

Legal Land Description(s): _____

Is the proposed access: A new access An alteration of an access

If an alteration, please specify:

Center of the Approach/Driveway will be _____ Meters from _____

i.e. SW Corner

Does the proposed access benefit more than one landowner? Yes No

If yes, please provide the following,

Name of the other landowners: _____

Does the proposed access connect to a road under the jurisdiction of the Province of Alberta? Yes No

If yes, please specify _____

Please see attached map.

By signing this form, I verify that this information is accurate and complete to the best of my knowledge; and, I hereby authorize the County to traverse the subject properties for the purpose of performing a basic review and level one assessment of the proposed project as specified on this form.

Signature: _____ Date: _____

The personal information on this form is collected in accordance with section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act for the purpose of processing this application. If you have any questions regarding the collection, use or disclosure of this information, please contact the FOIP Coordinator at (780) 927-3718.



ABANDONED WELL CONFIRMATION FORM

QTR./L.S. SEC TWP RG M or PLAN BLK LOT SIZE OF PARCEL

					or				
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This Document must be signed and submitted with the Development Permit. To confirm the absence or presence of wells on your property please contact Energy Resources Customer Care Centre at 1-855-297-8311 or using the GeoDiscover Alberta map at www.geodiscoveralberta.ca. The ERCB Directive is available online at <http://www.ercb.ca/directives/Directives079.pdf>.

If abandoned wells are **absent** within the site of proposed development:

I, _____, have reviewed information provided by the Energy Resources Conservation Board (ERCB) as set out in ERCB Directive 079, *Surface Development in Proximity to Abandoned Wells*, and can advise that the information shows the **absence** of any abandoned wells within the site of proposed development.

Printed Name	Signature
Company Name	Date

If an abandoned well(s) is **present** within the site of proposed development:

I, _____, have reviewed the information provided by the Energy Resources Conservation Board (ERCB) as set out in the ERCB Directive 079, *Surface Development in Proximity to Abandoned Wells*, and can advise the licensee(s) responsible for all abandoned wells within the site of proposed development has been contacted in order to have the *Abandoned Well Locating and Testing Protocol* completed in accordance with ERCB Directive 079. To prevent damage to the well, a temporary identification marker will be placed on abandoned wells prior to construction, according to the confirmed well location(s) on site. The site of proposed development contains the following abandoned well(s):

ERCB Well License #	Licensee Name	Licensed Surface Location	Contact Name	Phone Number

Printed Name	Signature
Company Name	Date



Mackenzie County
APPLICATION FOR WATER & SEWER INSTALLATION
 Policy UT004 Schedule "C"

Application # _____ Tax Roll #: _____ Dev. Permit #: _____

Hamlet: LC FV Rural ZA Street Address: _____

Stall/Unit: _____ Lot: _____ Block: _____ Plan: _____

Legal Land Location: _____

Proposed Install Date: _____ Time: _____

This property is currently serviced with: None Water Sewer Water & Sewer

The installation being requested is: Main Tie-In Service Tie-In Rural Water Tie-In

Connection as per other bylaws: Residential Industrial

Owner's Name: _____

Contact Name (if company): _____

Address: _____ Home: _____

City: _____ Work: _____

Province: _____ Postal Code: _____ Cell: _____

Company Name: _____ Installer: _____

Address: _____ Work: _____

City: _____ Cell: _____

Province: _____ Postal Code: _____ Fax: _____

Registered Owner's Signature: _____ Date: _____

The personal information on this form is collected in accordance with section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act for the purpose of processing this application for connection to municipal services. If you have any questions regarding the collection, use or disclosure of this information, please contact the FOIP Coordinator at (780) 927-3718.

For Administrative Use Only:

Installation Fees:

<input type="checkbox"/> Rural Water Tie-In Fee	\$ _____	Receipt #: _____
<input type="checkbox"/> Phase Rate \$133.34 / month x 5 years	_____	_____
<input type="checkbox"/> CC/Materials (Meter Chamber Fee if required)	\$ _____	Receipt #: _____
<input type="checkbox"/> Hamlet Main Tie-In Fee	\$ _____	Receipt #: _____

<input type="checkbox"/> Hamlet Service Tie-In Fee	\$ _____	Receipt #: _____
<input type="checkbox"/> Fee as per any other bylaws	\$ _____	Receipt #: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Refused (see attached)		

Name: _____ Signature: _____ Date: _____

Mackenzie County Inspector:

Date of Inspection: _____ Time: _____

Is there washed rock/gravel around the CC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has the new service been pressure tested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the CC operate properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the CC have a drain port and is it working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the insert properly installed in the connection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the correct service pipe materials used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Water Service Size?	_____		
Does the water service increase or decrease in size?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, from _____ to _____		
Sewer Service Size	_____		
Does the sewer service increase or decrease in size?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, from _____ to _____		
Is the sewer pipe connected with appropriate fitting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have pictures been taken and included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is installation satisfactory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Additional information and/or reasons(s) for refusal of application:

I hereby certify that the service has been installed and completed in accordance with Mackenzie County code and regulations and the inspection above has been completed accurately.

Installers Name: _____ Signature: _____ Date: _____

Inspector's Name: _____ Signature: _____ Date: _____

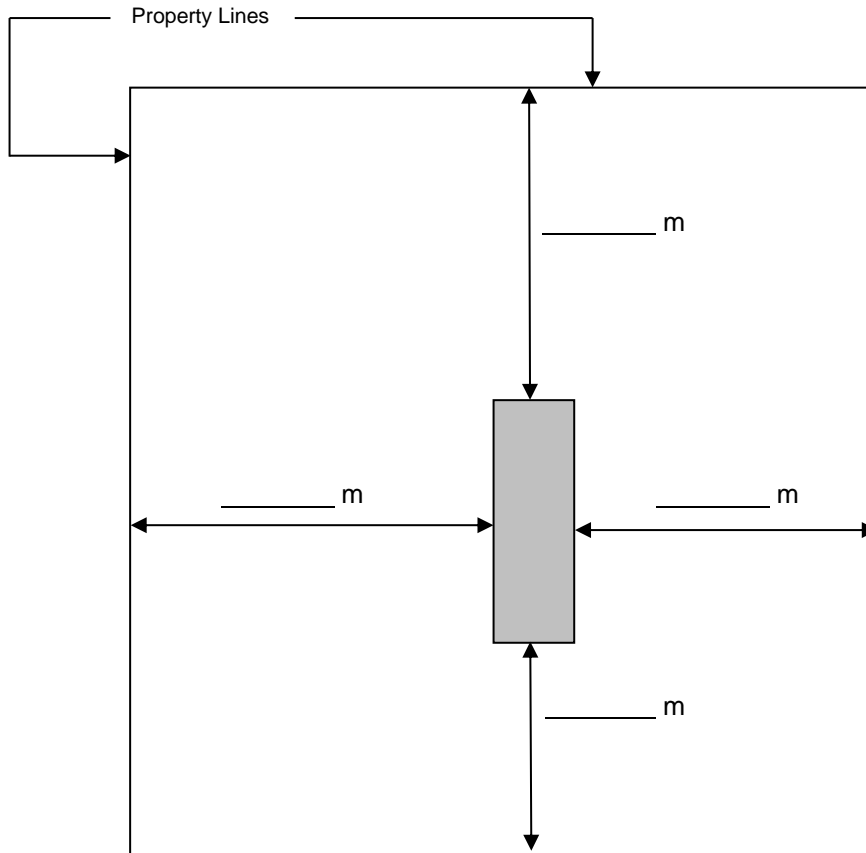


PERMIT NO.: _____

OWNERS NAME: _____

PROJECT LOCATION: _____

SITE PLAN:



LABELS: (See Standata 19-BCV-002)

CSA Label #: _____

AMA Label (if built prior to December 16, 2019) #: _____

Year of Manufacture: _____

Model / Serial #: _____

If the home does not have a CSA number, then a full Engineer's report will be required to certify the structure.

Calgary	25, 2015 - 32 Avenue NE	T2E 6Z3	Ph: 403-717-2344	Fax: 403-717-2340	Toll Free Ph: 1-888-717-2344	Toll Free Fax: 1-888-717-2340
Edmonton	14613 - 134 Avenue	T5L 4S9	Ph: 780-489-4777	Fax: 780-489-4711	Toll Free Ph: 1-866-999-4777	Toll Free Fax: 1-866-999-4711
Lloydminster	Unit 2, 1724 - 50 Avenue	T9V 0Y1	Ph: 780-870-9020	Fax: 780-870-9036		
Red Deer	3, 6264 - 67A Street	T4P 3E8	Ph: 403-358-5545	Fax: 403-358-5085	Toll Free Ph: 1-888-358-5545	Toll Free Fax: 1-866-358-5085
Lethbridge	422 North Mayor Magrath Drive	T1H 6H7	Ph: 403-320-0734	Fax: 403-320-9969	Toll Free Ph: 1-877-320-0734	

PERMITS & INSPECTIONS

Please check off boxes that apply to your manufactured home set up and attach this form to your building permit application.

FOUNDATION:

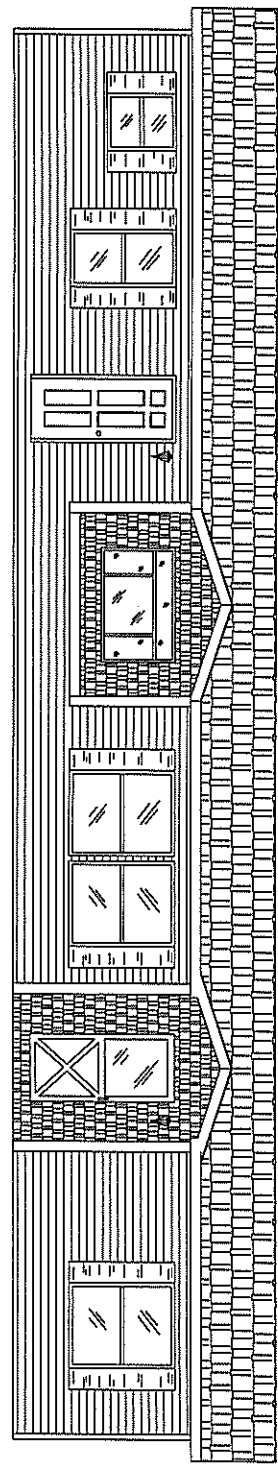
- Concrete Piling (engineering required) Others: _____
- Wood Blocking as per CSA
- Engineered Screw Piling
(Must be fabricated by CWB certified welder)
- Building anchorage to be provided where required
- Foundation as per Part 4 or 9 of the National Building Code – 2019 Alberta Edition
- Refer: CSA-Z240.10.1
“Site preparation, foundation, & anchorage of mobile homes”

DECKS/STAIR LANDINGS

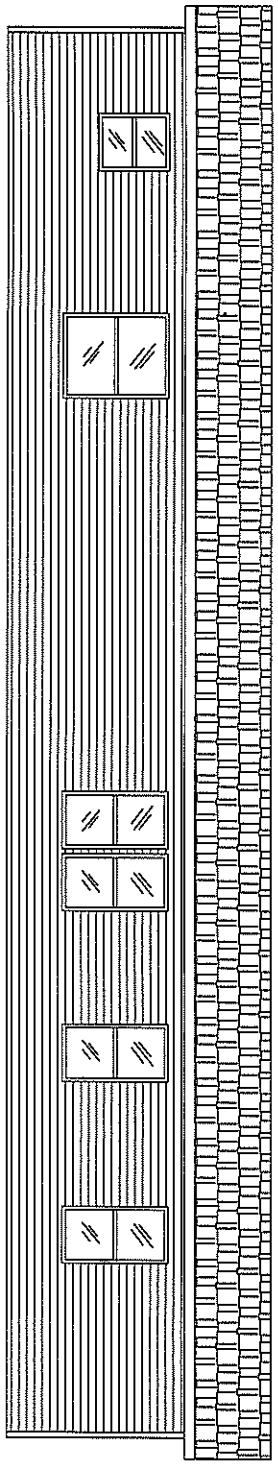
- Stairs: Rise: 125 mm to 200 mm (5” to 8”)
Run: 210 mm to 355 mm (8¼” to 14”)
Tread: 235 mm to 355 mm (9¼” to 14”) Others: _____
- Handrail: 800 mm to 965 mm ht. (32” to 38”) required
for exterior stairs with >3 risers Others: _____
- Guards: 900 mm ht (36”) required for decks/landings
600 -1,800 mm ht (2’ to 6”) above the adjacent grade
1,070 mm ht, (42”) for decks/landing >1,800 mm above
grade.

CRAWLSPACE:

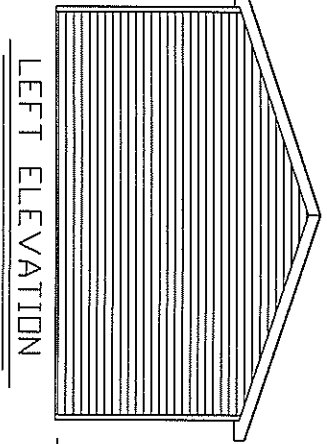
- Clearance: 24” between grade & bot. of floor joists Others: _____
- Ventilation min. 1 ft²/50 ft² of crawl space area
- Access hatch 500 mm x 700 mm (20” x 28”) min
- Ground shall be graded min 2% for proper drainage
- Ground cover 0.1 mm poly Others: _____



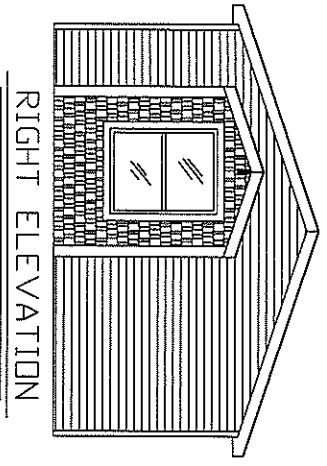
FRONT ELEVATION



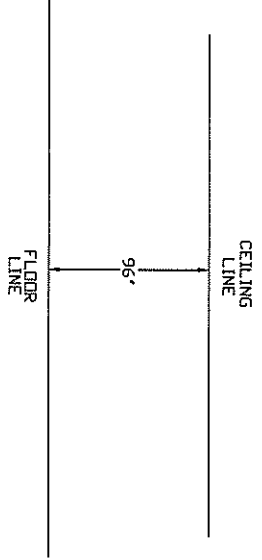
REAR ELEVATION



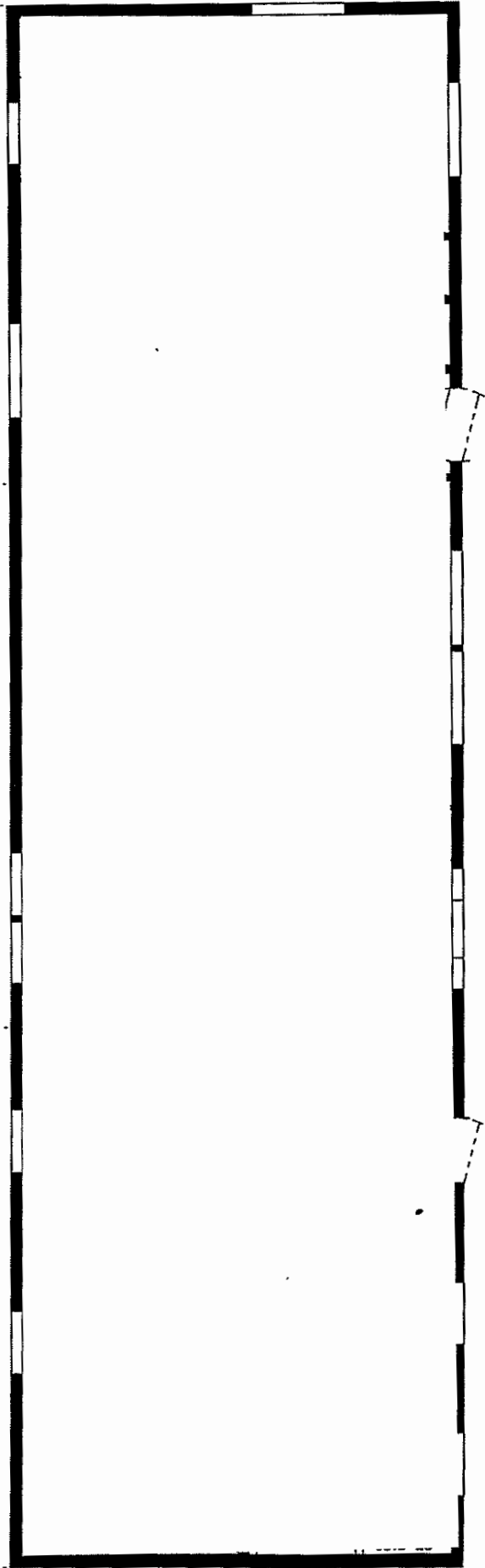
LEFT ELEVATION



RIGHT ELEVATION



FLOORPLAN: Please sketch in the layout of the manufactured home.



Please check off boxes that apply to your addition and attach this form to your building permit application.

MANUFACTURED HOME ADDITIONS
ROOF:

- | | |
|---|--|
| <input type="checkbox"/> Manufactured Truss @ 600 mm (24") o/c max | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> R34 Insulation min. with 6 mil poly V.B. if heated | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Ceiling 12.5 mm (½") Drywall | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Roll roofing eave protection required (if heated) | <input type="checkbox"/> Others: _____ |

WALL CONSTRUCTION:

- | | |
|--|--|
| <input type="checkbox"/> Exterior finished – Vinyl Siding | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> ¼" O.S.B. wall sheathing | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> 2" x 4" Wall studs @ 600 mm (24") o/c | |
| <input type="checkbox"/> R12 Insulation min with 6 mil poly V.B. if heated | |
| <input type="checkbox"/> 12.5 mm (½") Drywall interior finish | <input type="checkbox"/> Others: _____ |

FLOOR:

- | | |
|---|--|
| <input type="checkbox"/> 2" x 10" Joist @ 16" o/c. (provide mid strapping if over 7' in joist span) | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> 15.5 mm (5/8") thick OSB floor sheathing | <input type="checkbox"/> Others: _____ |

FOUNDATION:

- | | |
|---|--|
| <input type="checkbox"/> Concrete Piling as per CSA | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Wood Blocking as per CSA | |
| <input type="checkbox"/> Engineered Screw Piling. Must be fabricated by CWB certified welder | |
| <input type="checkbox"/> Foundation as per Part 4 or 9 of the National Building Code – 2019 Alberta Edition | |

EXISTING MANUFACTURED HOMES TO BE RELOCATED ON A NEW SITE:

- Interior walls and ceiling must have surface flame spread rating of 150 or less
- Walls within 450 mm of range top cooking surface must have at least 9.5 mm GWB
- Bedrooms must have window with a min, 380 mm opening and a min 0.35 m² in area
- Furnace room must be covered with at least 7.9 mm thick. Gypsum Wall Board
- Walls within 150 mm of the HWT must be covered with at least 7.9 mm thick GWB
- Gas fired HWT must be enclosed in a separate room w/ a door. Room must be supplied with outside air for combustion