

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: \_\_\_\_\_

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

Describe existing use of land including existing buildings: \_\_\_\_\_

DEVELOPMENT INFORMATION

Describe proposed development: \_\_\_\_\_

- Dwelling (Inc Home Additions) Moved- In Building Shop-Farm Fence
Modular/Manufactured Home Temporary Structure Garage/Shop/Shed Yard Site (Power)
Secondary Residence Home Based Business Structural Renovation

Multi-family Building [ ] Number of Units
Condominium [ ] Rental/Condo Age Restrictions



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 (\$80.00). It is your responsibility to install the sign on your property.





**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:		Offsite Levy (If Required):	
<b>MDP</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>ASP</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>AVPA</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Connection Fee \$ _____ Receipt Number _____
Land Use Classification: _____		Tax Roll No: _____	
Class of Use: _____ <small>(Commercial/Industrial/Residential/Institutional/Home Based Business)</small>		Permitted/Discretionary: _____	
Proposed Use: _____			
Development Application Fee Enclosed: ____ Yes ____ No Amount \$ _____ Receipt No: _____			



**BUSINESS INFORMATION: (Required for New Home Based Business Only)**

Do you already have a business license? YES NO If yes, what is the ABL# \_\_\_\_\_?

Year of establishment: \_\_\_\_\_ Business Trade: \_\_\_\_\_

Registered business name: \_\_\_\_\_

Describe your business: \_\_\_\_\_

Are you an incorporated company: YES NO 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: \_\_\_\_\_

**HOME BASED BUSINESS (Information Regarding Home)**

Are there any other home based businesses at this address? YES NO

If yes, what are they? \_\_\_\_\_

What is the floor area of your home? \_\_\_\_\_ sqft

Area to be used for business? \_\_\_\_\_ sqft

Is the garage to be used for any portion of the business? YES NO

Will any business supplies be stored outside the home? YES NO

What will be stored? \_\_\_\_\_ Where will it be stored? \_\_\_\_\_

**HOME BASED BUSINESS (Employees, Customers, Parking)**

Do you have employees? YES NO How many? \_\_\_\_\_

How many weekly visits by clients and couriers? \_\_\_\_\_ Where will they park? \_\_\_\_\_

How many trips will be made by staff per week? \_\_\_\_\_

Are any business related vehicles stored near the site? YES NO How many? \_\_\_\_\_

Where are the parked? \_\_\_\_\_

Do any exceed 2 tonnes? YES NO How many? \_\_\_\_\_

**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: \_\_\_\_\_

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**ABANDONED WELL CONFIRMATION FORM**

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

**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](http://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:

- Rural Water Tie-In Fee and/or Meter Chamber Fee \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_
- Phase Rate \$133.34 / month x 5 years \_\_\_\_\_
- Hamlet Main Tie-In Fee \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_





Hamlet Service Tie-In Fee \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_  
 Fee as per any other bylaws \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_  
 Approved       Refused (see attached)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mackenzie County Inspector:**

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_

Is there washed rock/gravel around the CC?       Yes       No       N/A  
Has the new service been pressure tested?       Yes       No  
Does the CC operate properly?       Yes       No  
Does the CC have a drain port and is it working?       Yes       No  
Was the insert properly installed in the connection?       Yes       No  
Are the correct service pipe materials used?       Yes       No

Water Service Size? \_\_\_\_\_  
Does the water service increase or decrease in size?       Yes       No  
If yes, from \_\_\_\_\_ to \_\_\_\_\_

Sewer Service Size \_\_\_\_\_  
Does the sewer service increase or decrease in size?       Yes       No  
If yes, from \_\_\_\_\_ to \_\_\_\_\_

Is the sewer pipe connected with appropriate fitting?       Yes       No  
Have pictures been taken and included?       Yes       No  
Is installation satisfactory?       Yes       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.*

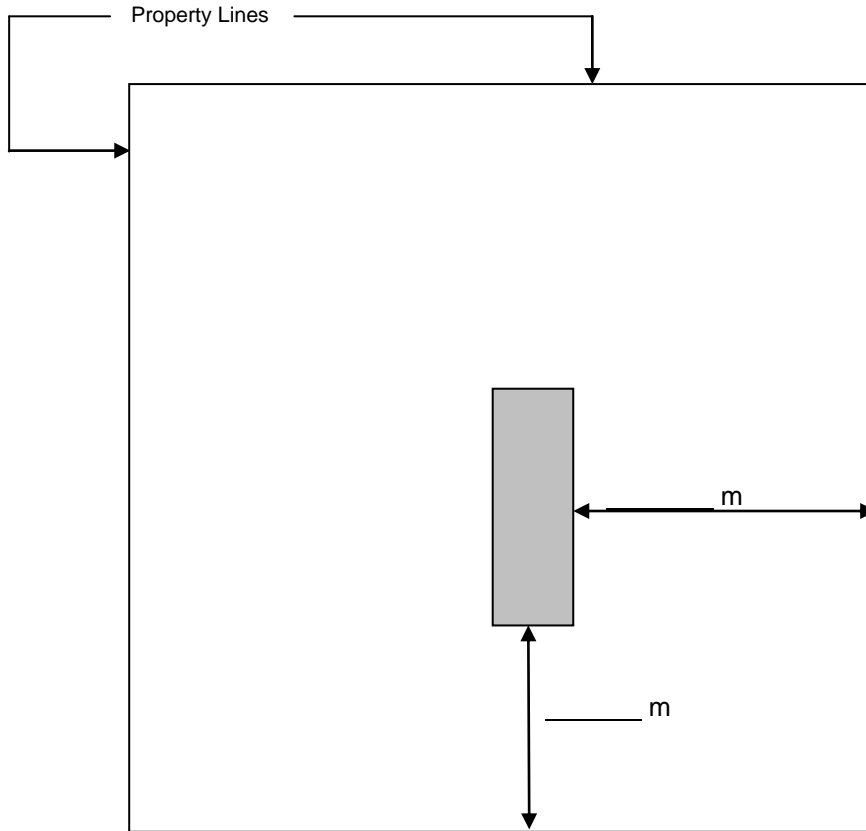
Installers Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**MOBILE & MANUFACTURED HOMES  
"SITING AND ADDITION CHECKLIST"**

PERMIT NO.: \_\_\_\_\_ OWNERS NAME: \_\_\_\_\_  
PROJECT LOCATION: \_\_\_\_\_



**SITE PLAN (Mobile Home)**

**LABELS:** (See Standata 97-IB-003R2)

CSA Label #: \_\_\_\_\_

AMA Label #: \_\_\_\_\_

Year of Manufacture: \_\_\_\_\_

Model / Serial #: \_\_\_\_\_

**MOBILE & MANUFACTURED HOMES  
"SITING AND ADDITION CHECKLIST"**

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

**FOUNDATION:**

- Concrete Piling as per CSA
  - Wood Blocking as per CSA
  - Concrete Blocking
  - 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 ABC 1997
  - Refer: CSA-Z240.10.1.94  
"Site preparation, foundation, & anchorage of mobile homes"
- Others: \_\_\_\_\_

**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")
  - Handrail: 800 mm to 965 mm ht. (32" to 38") required  
for exterior stairs with >3 risers
  - 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.
- Others: \_\_\_\_\_
- Others: \_\_\_\_\_

**CRAWL SPACE:**

- Clearance: 24" between grade & bot. of floor joists
  - Ventilation min. 1 ft<sup>2</sup>/50 ft<sup>2</sup> 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: \_\_\_\_\_
- Others: \_\_\_\_\_



**MOBILE HOME ADDITIONS**

**ROOF:**

- Manufactured Truss @ 600 mm (24") o/c max
- R34 Insulation min. with 6 mil poly V.B. if heated
- Ceiling 12.5 mm (1/2") Drywall
- Roll roofing eave protection required (if heated)
- Others: \_\_\_\_\_
- Others: \_\_\_\_\_
- Others: \_\_\_\_\_
- Others: \_\_\_\_\_

**WALL CONSTRUCTION:**

- Exterior finished – Vinyl Siding
- 1/4" O.S.B. wall sheathing
- 2" x 4" Wall studs @ 600 mm (24") o/c
- R12 Insulation min with 6 mil poly V.B. if heated
- 12.5 mm (1/2") Drywall interior finish
- Others: \_\_\_\_\_
- Others: \_\_\_\_\_
- Others: \_\_\_\_\_

**FLOOR:**

- 2" x 10" Joist @ 16" o/c. (provide mid strapping if over 7' in joist span)
- 15.5 mm (5/8") thick OSB floor sheathing
- Others: \_\_\_\_\_
- Others: \_\_\_\_\_

**FOUNDATION:**

- Concrete Piling as per CSA
- Wood Blocking as per CSA
- Engineered Screw Piling. Must be fabricated by CWB certified welder
- Foundation as per Part 4 or 9 of the ABC 1997
- Others: \_\_\_\_\_

**EXISTING MOBILE 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 m<sup>2</sup> 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

