

**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	Sq2	Other
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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

Do you have a rural address sign on your property?

YES       NO

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

Does the site location require an access or road to be built to proposed site?

YES       NO

Access Application Date:

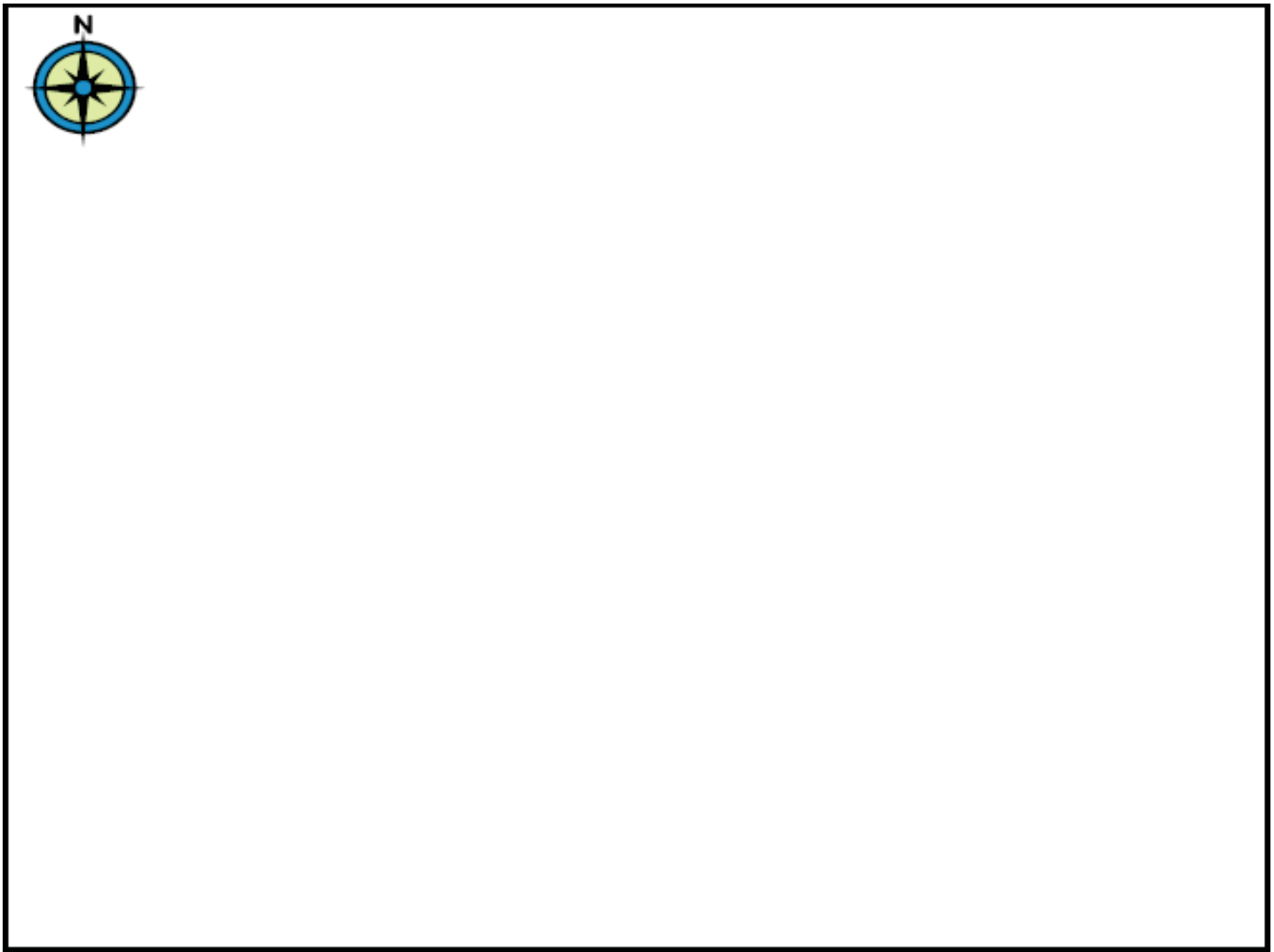
Access Approval Date:

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

**Setbacks from Property Lines**

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

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

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

What is the year of establishment? \_\_\_\_\_

Registered Business Name: \_\_\_\_\_

What is your business?  
\_\_\_\_\_  
\_\_\_\_\_

What is your business trade? \_\_\_\_\_

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 so, 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 (including basement)? \_\_\_\_\_

What is the floor area to be used for the home based business? \_\_\_\_\_

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

Do you have storage for materials, goods, and equipment outside the home? YES  NO

If yes, what is stored? \_\_\_\_\_

Where is it stored? \_\_\_\_\_

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

Do you have any employees? YES  NO

If yes, how many? \_\_\_\_\_

How many weekly visits by clients and couriers\_?

How many trips per day will be done by staff? \_\_\_\_\_

How many business related vehicles are stored on or near the site? \_\_\_\_\_

Where are they parked? \_\_\_\_\_

Do any of them exceed 2 tonnes? YES  NO

If yes, 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: \_\_\_\_\_

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

**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:**

- |   |          |                  |
|---|----------|------------------|
| <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 #: _____ |



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: \_\_\_\_\_

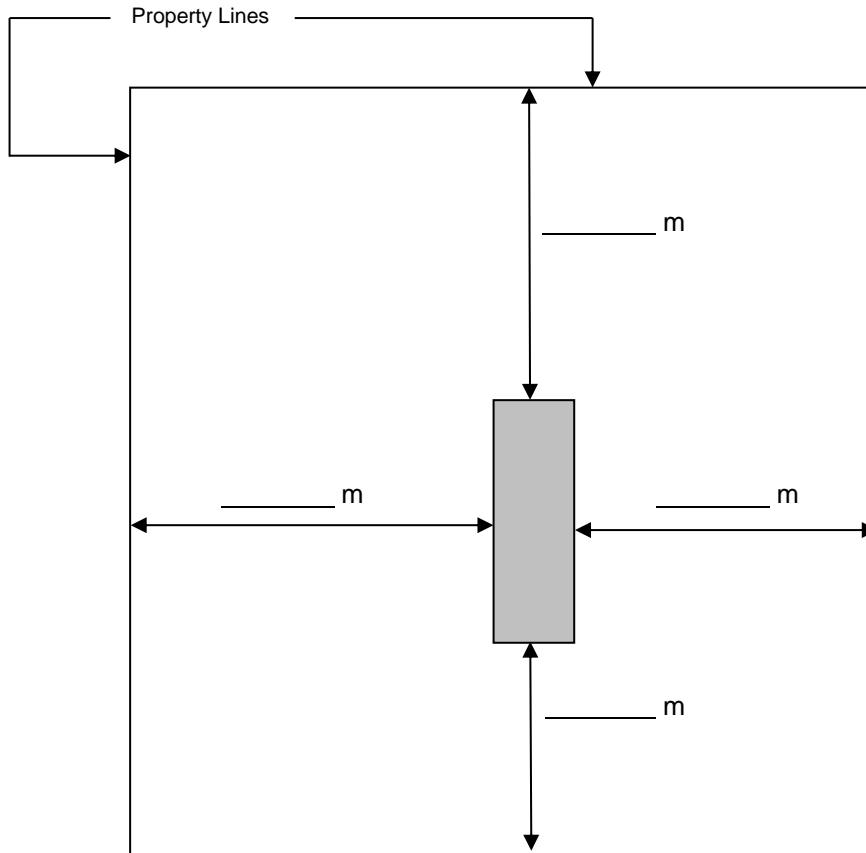


PERMIT NO.: \_\_\_\_\_

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:**

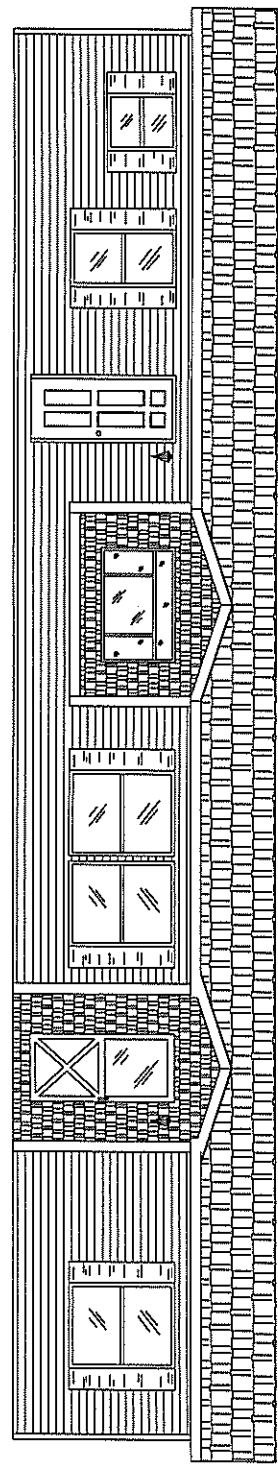
- Concrete Piling (engineering required)  Others: \_\_\_\_\_
- Wood Blocking as per CSA
- Engineered Screw Piling  
(Must be fabricated by CWB certified welder)
- Building anchorage to be provided where required
- Foundation as per Part 4 or 9 of the National Building Code – 2019 Alberta Edition
- Refer: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

**DECKS/STAIR LANDINGS**

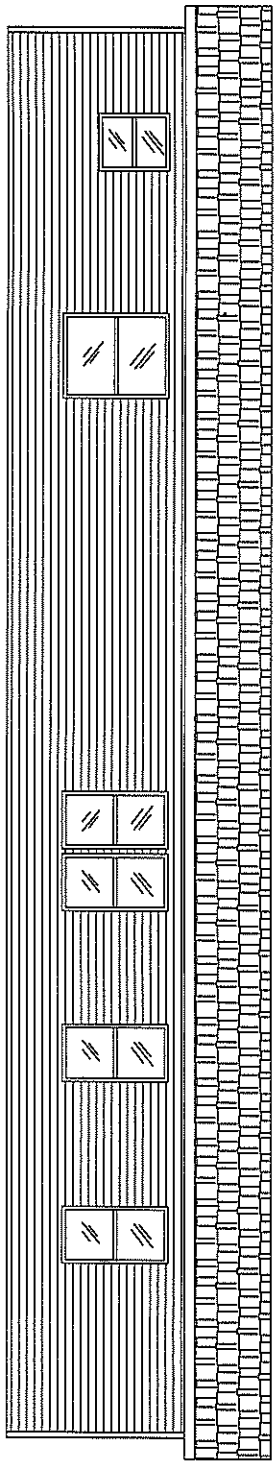
- Stairs: Rise: 125 mm to 200 mm (5” to 8”)  
Run: 210 mm to 355 mm (8¼” to 14”)  
Tread: 235 mm to 355 mm (9¼” to 14”)  Others: \_\_\_\_\_
- Handrail: 800 mm to 965 mm ht. (32” to 38”) required  
for exterior stairs with >3 risers  Others: \_\_\_\_\_
- Guards: 900 mm ht (36”) required for decks/landings  
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:**

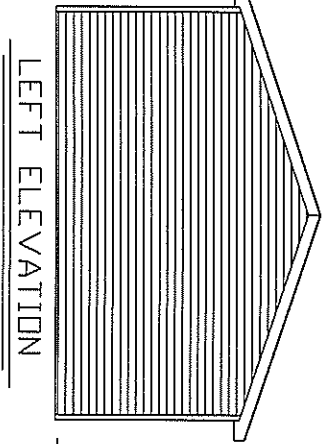
- Clearance: 24” between grade & bot. of floor joists  Others: \_\_\_\_\_
- Ventilation min. 1 ft<sup>2</sup>/50 ft<sup>2</sup> of crawl space area
- Access hatch 500 mm x 700 mm (20” x 28”) min
- Ground shall be graded min 2% for proper drainage
- Ground cover 0.1 mm poly  Others: \_\_\_\_\_



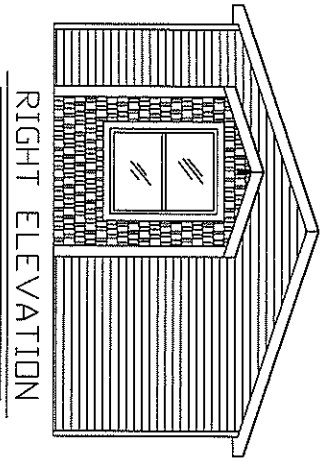
FRONT ELEVATION



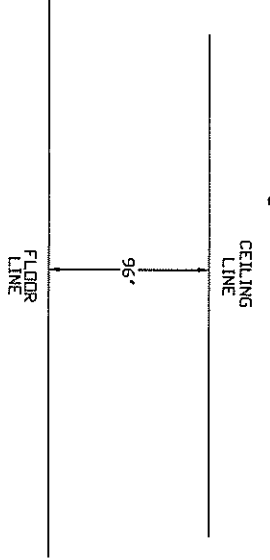
REAR ELEVATION



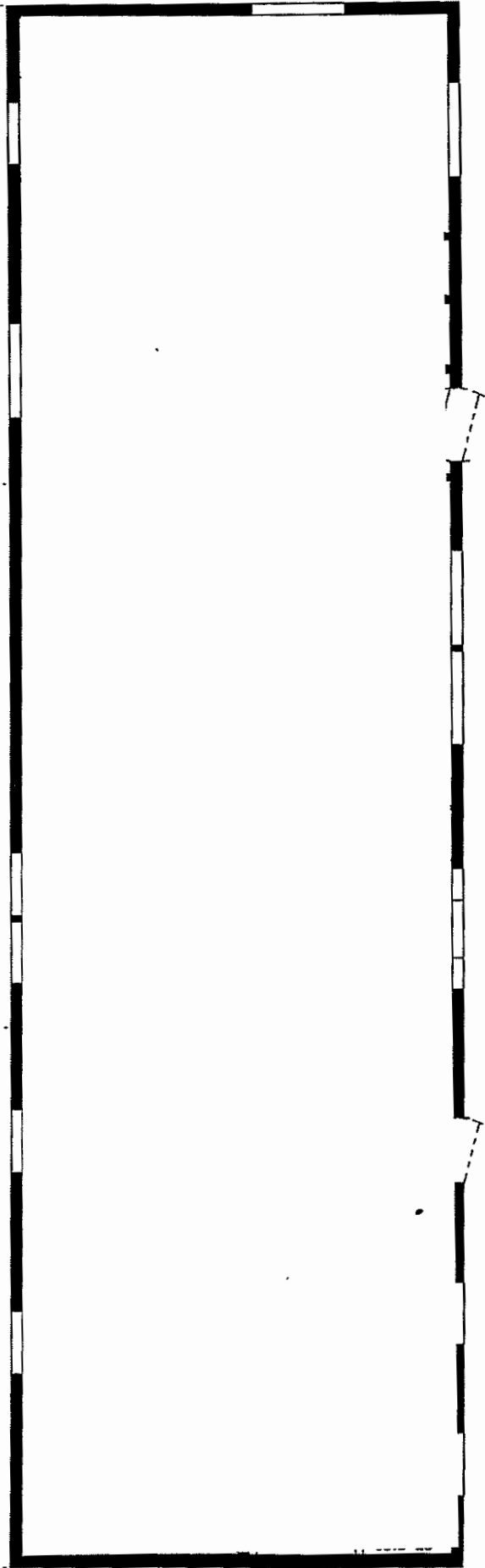
LEFT ELEVATION



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