

**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



**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:

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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 BUSINESS**Will 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 ESTABLISHMENT**Will 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

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



**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](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 #: _____ |



<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: \_\_\_\_\_

