

# REQUEST FOR DEVELOPMENT PERMIT TIME EXTENSION

NAME OF APPLICANT		
ADDRESS		
CITY/TOWN		
POSTAL CODE	PHONE NUMBER	BUSINESS

NAME OF REGISTERED OWNER		
ADDRESS		
CITY/TOWN		
POSTAL CODE	PHONE NUMBER	BUSINESS

DEVELOPMENT PERMIT NO.

LEGAL LAND DESCRIPTION

QTR./L/S	SEC.	TWP.	RANGE	M.

OR

PLAN NO.	BLOCK	LOT

EXPIRY DATE OF DEVELOPMENT APPROVAL

MM	DD	YY

EXTENDED TIME REQUESTED

MM	DD	YY

REASONS FOR EXTENSION REQUEST (attach additional information if required) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We have enclosed the required application fee of \$ 60.00 (Sixty Dollars)

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

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**NOTE: Registered Owner's signature required if different from applicant.**

\_\_\_\_\_  
REGISTERED OWNER SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE RETURN INFORMATION TO THE NEAREST MACKENZIE COUNTY OFFICE "ATTENTION DEVELOPMENT OFFICER"**

Mackenzie County  
Box 640, 4511-46 Avenue  
Fort Vermilion, AB T0H 1N0



Phone: (780) 927-3718  
Fax: (780) 927-4266  
Email: [office@mackenziecounty.com](mailto:office@mackenziecounty.com)  
[www.mackenziecounty.com](http://www.mackenziecounty.com)

**INDUSTRIAL/COMMERCIAL DEVELOPMENT PERMIT**

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: \_\_\_\_\_

- |   |  |   |                                |
|---|--|---|--------------------------------|
| <input type="checkbox"/> Commercial/Industrial Building | <input type="checkbox"/> Temporary Structure     | <input type="checkbox"/> Security Suite         | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Public Use Building            | <input type="checkbox"/> Ancillary Building/Shed | <input type="checkbox"/> Moved- In Building     | <input type="checkbox"/> Other |
| <input type="checkbox"/> Industrial Camp                | <input type="checkbox"/> Business Relocation     | <input type="checkbox"/> Structural Renovations |                                |

Mackenzie County  
 Box 640, 4511-46 Avenue  
 Fort Vermilion, AB T0H 1N0



Phone: (780) 928-3983  
 Fax: (780) 928-3636

Email: lwashkevich@mackenziecounty.com



Building Size:

Length	Width	Height	Sqz	Other
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ft.  
 m

The Land is Adjacent to:

<input type="checkbox"/> Primary Highway (88) or (58)	<input type="checkbox"/> Secondary Highway (697)
<input type="checkbox"/> Hamlet Road	<input type="checkbox"/> 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:

<input type="checkbox"/> Slope/Coulee/Valley/Ravine	<input type="checkbox"/> Sewage Treatment /Sewage Lagoon
<input type="checkbox"/> River /Waterbody	<input type="checkbox"/> 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:

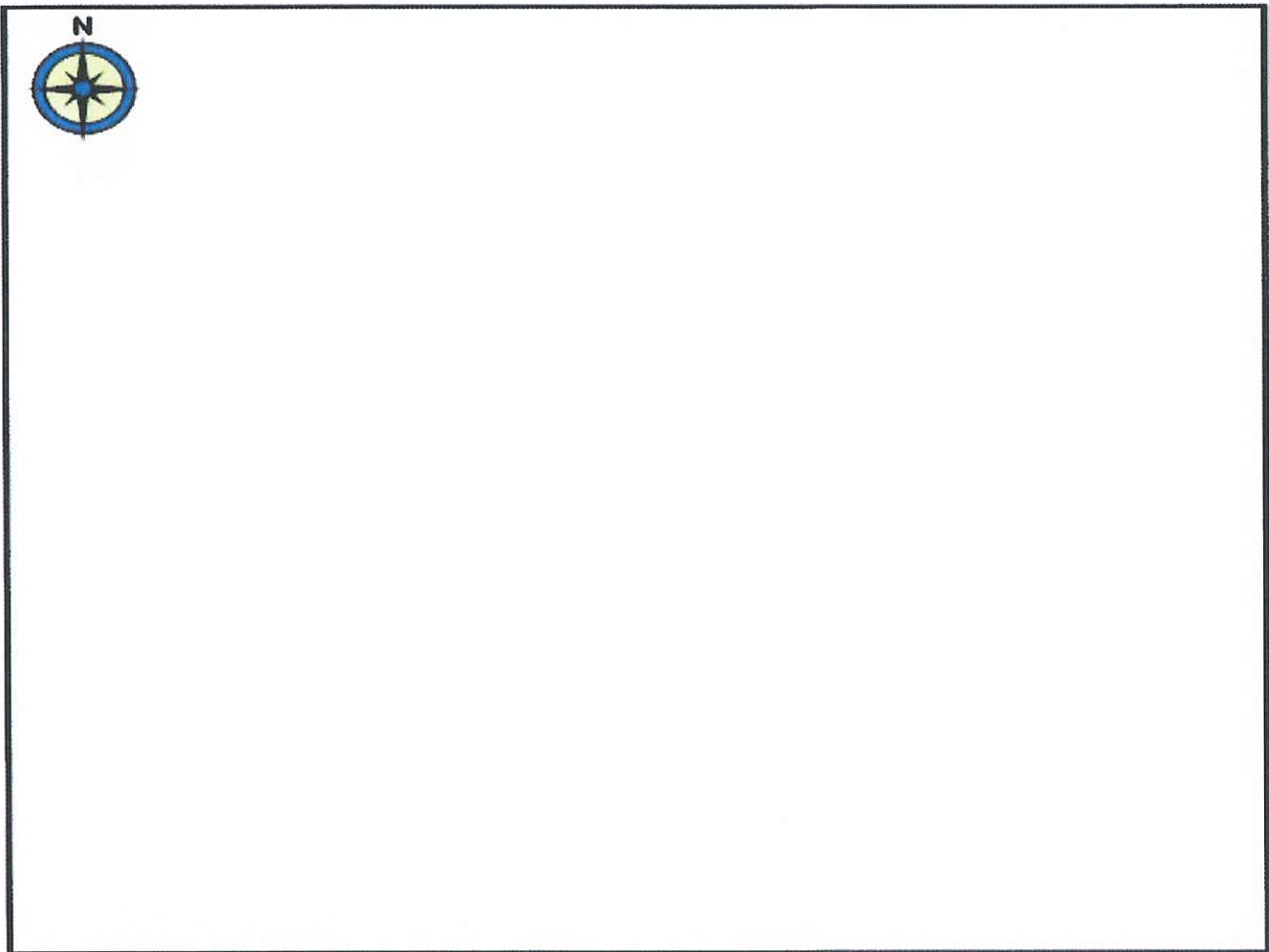
Access Approval Date:

If you do not have an address, one will be assigned and you will be charged the fee of the sign (\$80.00). 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.

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FOR ADMINISTRATIVE USE ONLY			
Complies With:		Offsite Levy (If Required):	
MDP Yes <input type="checkbox"/> No <input type="checkbox"/>	ASP Yes <input type="checkbox"/> No <input type="checkbox"/>	AVPA 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:**

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 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





# LAND USE BYLAW AMENDMENT APPLICATION

APPLICATION NO. \_\_\_\_\_

**COMPLETE ONLY IF DIFFERENT FROM APPLICANT**

NAME OF APPLICANT		
ADDRESS		
CITY/TOWN		
POSTAL CODE (RES.)	PHONE	BUS.

NAME OF REGISTERED OWNER		
ADDRESS		
CITY/TOWN		
POSTAL CODE	PHONE (RES.)	BUS.

**LEGAL DESCRIPTION OF THE LAND AFFECTED BY THE PROPOSED AMENDMENT**

QTR./LS.	SEC.	TWP.	RANGE	M.	OR	PLAN	BLK	LOT

**LAND USE CLASSIFICATION AMENDMENT PROPOSED:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**REASONS SUPPORTING PROPOSED AMENDMENT:**

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I/WE HAVE ENCLOSED THE REQUIRED APPLICATION FEE OF \$ \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**NOTE: REGISTERED OWNER'S SIGNATURE REQUIRED IF DIFFERENT FROM APPLICANT.**

\_\_\_\_\_  
REGISTERED OWNER SIGNATURE

\_\_\_\_\_  
DATE

Mackenzie County  
Box 640, 4511-46 Avenue  
Fort Vermilion, AB T0H 1N0



Phone: (780) 927-3718  
Fax: (780) 927-4266  
Email: office@mackenziecounty.com  
www.mackenziecounty.com

**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 <input type="radio"/>		Acreage <input type="radio"/>		

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

**DEVELOPMENT INFORMATION**

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

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Dwelling (Inc Home Additions) | <input type="checkbox"/> Moved- In Building  | <input type="checkbox"/> Shop—Farm             | <input type="checkbox"/> Fence             |
| <input type="checkbox"/> Modular/Manufactured Home     | <input type="checkbox"/> Temporary Structure | <input type="checkbox"/> Garage/Shop/Shed      | <input type="checkbox"/> Yard Site (Power) |
| <input type="checkbox"/> Secondary Residence           | <input type="checkbox"/> Home Based Business | <input type="checkbox"/> Structural Renovation |  |

Multi-family Building

_____	Number of Units
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Condominium

_____	Rental/Condo Age Restrictions
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Building Size:

Length	Width	Height	Sq2	Other
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ft.  
 m

The Land is Adjacent to:

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Estimated Project Time and Cost:

Start Date	End Date	Estimated Project Cost
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My proposed access will be \_\_\_\_\_ meters from \_\_\_\_\_

(eg. SW corner)

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YES       NO

Access Application Date:

Access Approval Date:

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- 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	<input type="text"/>	ft.
	<input type="text"/>	m

Rear Yard	<input type="text"/>	ft.
	<input type="text"/>	m

Side Yard (1)	<input type="text"/>	ft.
	<input type="text"/>	m

Side Yard (2)	<input type="text"/>	ft.
	<input type="text"/>	m





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

*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:**

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 #: \_\_\_\_\_

Mackenzie County  
 Box 640, 4511-46 Avenue  
 Fort Vermilion, AB T0H 1N0



Mackenzie County

Phone: (780) 927-3718  
 Fax: (780) 927-4266  
 Email: office@mackenziecounty.com  
 www.mackenziecounty.com



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: \_\_\_\_\_

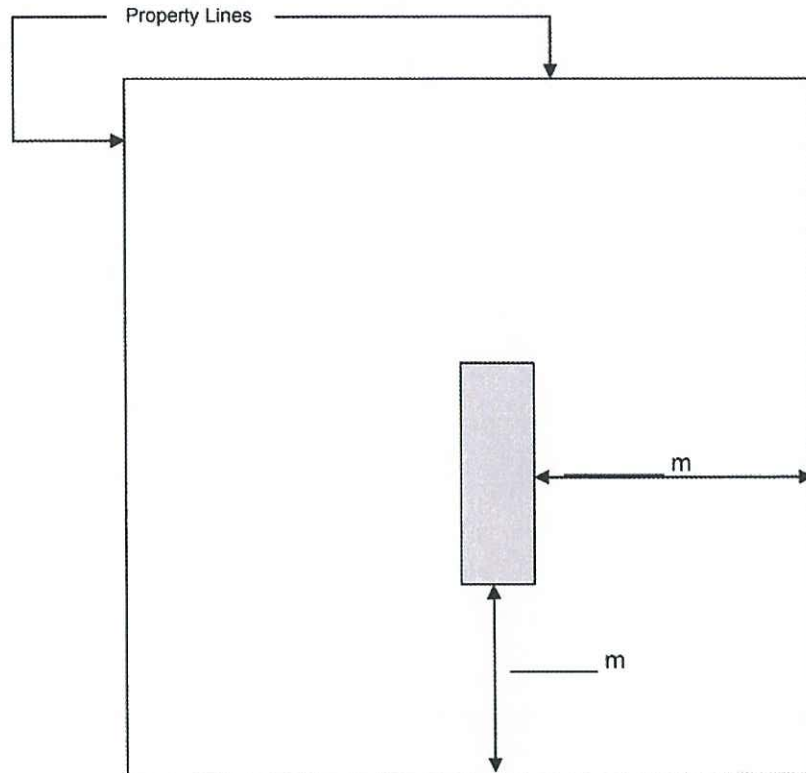
Inspector's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**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"**

**PAGE 2 of 3**

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  Others: \_\_\_\_\_
- 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"

**DECKS/STAIR LANDINGS**

- Stairs: Rise: 125 mm to 200 mm (5" to 8")  Others: \_\_\_\_\_  
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  Others: \_\_\_\_\_  
for exterior stairs with >3 risers
- Guards: 900 mm ht (36") required for decks/landings  Others: \_\_\_\_\_  
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.

**CRAWL SPACE:**

- 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: \_\_\_\_\_



**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: _____			





# Mackenzie County

## Subdivision Application



**Mackenzie County**

<b>MACKENZIE COUNTY CHECK LIST OF REQUIREMENTS</b>
--

] **Consultation**

Prior to submitting a Subdivision Application Package to Mackenzie County, a consultation with a Mackenzie County Planner is required. This application will not be accepted without a consultation first.

] **Application**

The Application must be completed in full and signed by the registered owner(s) OR the person authorized to act on behalf of the registered owner(s).

] **Applicant Authorization**

The Applicant Authorization is required when the applicant is not the registered owner of the property being subdivided. The Applicant Authorization form is to be signed by the registered owner(s) giving authorization for the applicant to make an application for subdivision on the registered owner(s) behalf.

] **Right of Entry Authorization**

The Right of Entry Authorization must be signed by the registered owner(s) authorizing Mackenzie County personnel to enter the lands to conduct a site inspection.

] **Abandoned Wells**

Effective November 1, 2012 an applicant must identify the presence or absence of abandoned wells as per the Energy Resources Conservation Board.

] **Appraisal Agreement (Second Parcel Out or Multi Lot Subdivisions)**

According to Section 667(1) of the Municipal Government Act, if money is required to be provided in place of Municipal Reserves, Mackenzie County's Assessor will calculate the Municipal Reserve, or the applicant may provide a market value appraisal of the lands to be subdivided. Please consult a Mackenzie County Planner for more information.

] **Geotechnical Reports**

In some instances, Geotechnical Reports regarding near surface shallow water table tests, percolation tests for sewage disposal, potable water supply and steep slope evaluation (slopes greater than 15%) prepared in accordance with Alberta Environment Guidelines or Section 23 of the Water Act may be required. Three stamped and sealed originals are required if it is determined by a Mackenzie County Planner that any of these reports are required.



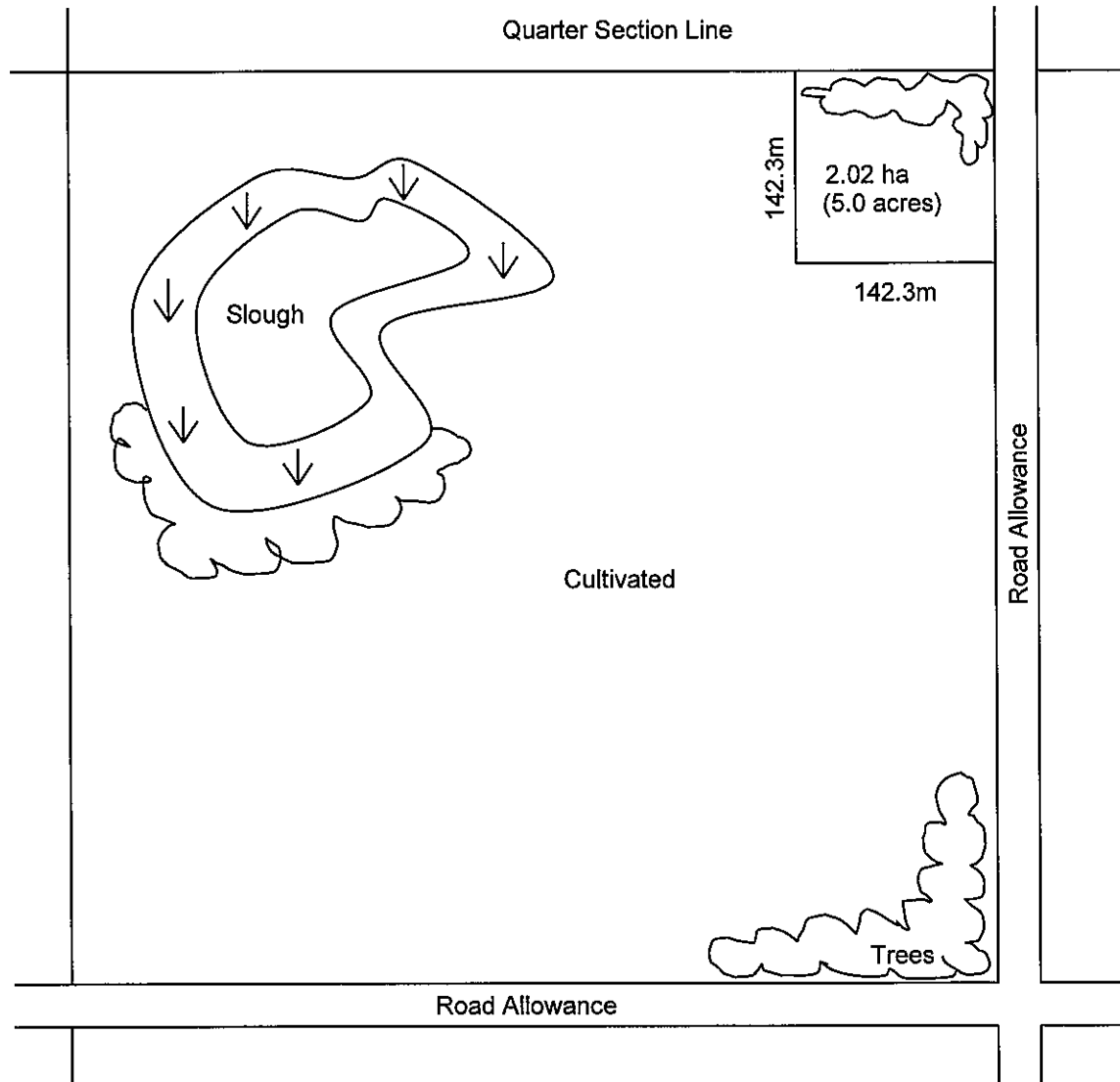
## INFORMATION NEEDED FOR SUBDIVISION APPLICATIONS

1. Completed application form,
2. Application fee as per Fee Schedule Bylaw. Fees payable to Mackenzie County,
3. Either of the following:
  - a. **A tentative plan prepared by a qualified land surveyor** if there is any type of development on the land to be subdivided. Development includes buildings, utility servicing, etc. The tentative plan must show the following:
    - i) The boundaries of the land presently held in title,
    - ii) The location of the proposed lot within the title land. If the proposed lot is located within a quarter section and not located on the corner, the distance of the proposed lot to the nearest quarter section line is needed,
    - iii) The measurements of the proposed lot and the total acres of the same,
    - iv) The location of any buildings or development within the proposed lot and on the balance of the quarter section,
    - v) The location of water supply and sewage disposal facilities,
    - vi) Any outstanding features or constraints such as shelterbelts, fences, slough areas, treed areas, creeks, drainage ditches, hills, etc.,
    - vii) The existing driveways or laneways from the public roadway.
  - b. **A sketched site plan by the applicant** if there is no development of any kind on the land to be subdivided. The sketch must show the following:
    - i) The boundaries of the land presently held in title,
    - ii) The location of the proposed lot within the title land. If the proposed lot is located within a quarter section and not located on the corner, the distance of the proposed lot to the nearest quarter section line is needed,
    - iii) The measurements of the proposed lot and the total acres of the same,
    - iv) Any outstanding features or constraints such as shelterbelts, fences, slough areas, treed areas, creeks, drainage ditches, hills, etc.,
    - v) The existing driveways or laneways from the public roadway.
4. A current copy of the Certificate of Title may be obtained by the County for a fee as established in the Fee Schedule Bylaw,
5. An aerial photograph of the subject land, provided by the County.

**IMPORTANT NOTE:** Please ensure that all of the above required information is provided. If this information is not provided the subdivision process will be delayed until all the information is received.

A sample site plan is shown on the next page.

# SAMPLE SITE PLAN





## MACKENZIE COUNTY SUBDIVISION PROCESS

1. Subdivision application received, additional information may be requested if necessary.
2. Notification sent to adjacent landowners, utilities companies and various government bodies for their comments or requirements within 14 days. Proposed subdivision may also be advertised in a local paper.
3. Subdivision information presented to the Municipal Planning Commission for decision.
4. Decision sent to the applicant and landowner, utility companies, other government bodies as found necessary in step 2 and surveyor.
5. Developers Agreement prepared and signed by the applicant, landowner and Mackenzie County.
6. Once the Developers Agreement has been signed and the conditions of it have been met, Mackenzie County will sign final documents and submit them to the surveyor who will forward them to the Alberta Land Titles office for registration.

## SUBDIVISION TIMELINE

**The timelines listed below are approximate only and include estimated time needed for the surveyor to complete their paperwork. Mackenzie County strives to provide precise quality performance while endeavoring to complete all subdivisions as efficiently as possible. Developers/applicants need to be aware that circumstances may arise which cause the process to require more time.**

1. Vacant or first parcel out of a quarter section—3 to 6 months
2. Multi-lot—6 to 12 months

## ENQUIRIES

Any questions regarding the subdivision application or process may be directed to the Planning and Development Department:

**Address:**

Mackenzie County  
Planning & Development  
9205-100 Street  
La Crete, AB T0H 2H0  
780-928-3983  
[kracine@mackenziecounty.com](mailto:kracine@mackenziecounty.com)



# Mackenzie County

P.O. Box 640, Fort Vermilion, AB T0H 1N0  
 Phone: (780) 928-3983 Fax: (780) 928-3636

## SUBDIVISION APPLICATION

FOR OFFICIAL USE ONLY

Date of Acceptance of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ File No.: \_\_\_\_\_ Fee Submitted: \_\_\_\_\_

**THIS FORM IS TO BE COMPLETED IN FULL WHEREVER APPLICABLE BY THE REGISTERED OWNER OF THE LAND THAT IS THE SUBJECT OF THE APPLICATION OR BY A PERSON AUTHORIZED TO ACT ON THE REGISTERED OWNER'S BEHALF.**

\_\_\_\_\_  
**NAME OF REGISTERED LANDOWNER**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**PHONE NUMBER (S)**

\_\_\_\_\_  
**NAME OF AGENT** *(authorized to act on behalf of the registered landowner, if any)*

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**PHONE NUMBER (S)**

### LAND DESCRIPTION AND AREA OF LAND TO BE SUBDIVIDED

**LEGAL LAND DESCRIPTION:** All/Part of \_\_\_\_ 1/4 Sec \_\_\_\_ Twp \_\_\_\_ Range \_\_\_\_ West of \_\_\_\_ Meridian

Being all/part of Lot \_\_\_\_ Block \_\_\_\_ Plan \_\_\_\_\_

**CURRENT PARCEL SIZE:** \_\_\_\_\_ **NO. OF LOTS:** \_\_\_\_\_

**AREA TO BE SUBDIVIDED:** \_\_\_\_\_ Hectares \_\_\_\_\_ Acres **2nd Lot:** \_\_\_\_\_ Hectares \_\_\_\_\_ Acres

**HAS A MUNICIPAL ADDRESS BEEN ASSIGNED? Y or N MUNICIPAL ADDRESS (CIVIC):** \_\_\_\_\_

### LOCATION OF LAND TO BE SUBDIVIDED

**IS THE LAND SITUATED IMMEDIATELY ADJACENT TO THE MUNICIPAL BOUNDARY? YES \_\_\_\_ NO \_\_\_\_**

IF YES, THE ADJOINING MUNICIPALITY IS \_\_\_\_\_

**IS THE LAND SITUATED WITHIN 1.6 KILOMETERS (0.99 MILES) OF A RIGHT-OF-WAY OF A PROVINCIAL HIGHWAY? YES \_\_\_\_ NO \_\_\_\_ IF YES, THE HIGHWAY NUMBER IS \_\_\_\_\_**

**DOES THE PROPOSED PARCEL CONTAIN OR IS IT BOUNDED BY A RIVER, STREAM, LAKE, OR OTHER BODY OF WATER OR BY A DRAINAGE DITCH OR CANAL? YES \_\_\_\_ NO \_\_\_\_**

IF YES, STATE ITS' NAME: \_\_\_\_\_

**IS THE PROPOSED PARCEL WITHIN 1.5 KMS (0.932 MILES) OF A SOUR GAS FACILITY? YES \_\_\_\_ NO \_\_\_\_**

**EXISTING AND PROPOSED USE OF LAND TO BE SUBDIVIDED**

EXISTING USE OF THE LAND: \_\_\_\_\_

PROPOSED USE OF THE LAND: \_\_\_\_\_

LAND USE DESIGNATION AS CLASSIFIED IN THE LAND USE BYLAW: \_\_\_\_\_

**PHYSICAL CHARACTERISTICS OF LAND TO BE SUBDIVIDED**

DESCRIBE TOPOGRAPHY OF THE LAND (flat, rolling, steep, mixed): \_\_\_\_\_

DESCRIBE VEGETATION AND WATER ON LAND (brush, shrubs, tree stands, woodlots, etc. - sloughs, creeks, etc.): \_\_\_\_\_

DESCRIBE SOIL TYPE (sandy, loam, clay, etc.): \_\_\_\_\_

**EXISTING BUILDINGS ON THE LAND TO BE SUBDIVIDED**

DESCRIBE ANY BUILDINGS AND STRUCTURES ON THE LAND: \_\_\_\_\_

LIST BUILDINGS AND STRUCTURES TO BE DEMOLISHED OR MOVED: \_\_\_\_\_

**WATER AND SEWER SERVICES**

TYPE OF WATER SUPPLY	EXISTING	PROPOSED
DUGOUT		
WELL		
CISTERN & HAULING		
MUNICIPAL SERVICE		
OTHER (PLEASE SPECIFY)		

TYPE OF SEWER DISPOSAL	EXISTING	PROPOSED
OPEN DISCHARGE/SEPTIC TANK		
SUB-SURFACE /SEPTIC TANK		
ABOVE GROUND/SEPTIC TANK		
SEWAGE LAGOON		
OUTDOOR PRIVY		
MUNICIPAL SERVICE		
OTHER (PLEASE SPECIFY)		

**OVERSIZING REQUIREMENTS**

Will any oversizing be required? Yes\_\_\_\_, No\_\_\_\_

If yes, clearly identify where and to what size will be required. Water: \_\_\_\_\_, Sewer: \_\_\_\_\_

Roads: \_\_\_\_\_

CONSULTATION: Yes \_\_\_\_ Date: \_\_\_\_\_ Planner: \_\_\_\_\_



**REGISTERED OWNER AND/OR  
PERSON ACTING ON THE REGISTERED OWNER'S BEHALF**

Signing of this application, by the applicant and/or the applicant or agent, authorizes Mackenzie County to circulate the application to other parties as necessary to comply with the requirements of the Municipal Government Act. Other parties may include, but is not limited to, adjacent landowners, utilities companies, government agencies and surveyors.

Signing of this application also grants permission for Mackenzie County personnel to conduct site inspections of the property. Site inspections include, but are not limited to, land elevation and access review and taking photos of the property.

I/we, \_\_\_\_\_ hereby certify that

I/we are the registered landowner, **OR**

I/we are the agent authorized to act on behalf of the registered landowner

And verify that the information contained within this application is full and true to the best of my/our knowledge and it is a true statement of the facts pertaining to this application for subdivision.

**(The registered landowner must sign the application. If an agent is processing the application, both the agent and the landowner must sign the application.)**

_____ Signature of Agent	_____ Print Agents Name	_____ Date Signed
-----------------------------	----------------------------	----------------------

_____ Signature of Registered Landowner	_____ Print Registered Landowners Name	_____ Date Signed
--	---	----------------------

_____ Signature of Registered Landowner	_____ Print Registered Landowners Name	_____ Date Signed
--	---	----------------------

*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 managing and administration of the subdivision application process. If you have any questions regarding the collection, use or disclosure of this information, please contact the FOIP Coordinator or (780) 927-3718.*

# SUBDIVISION APPLICATION SITE PLAN

**NOTE: Where buildings are existing, the property must be surveyed by a qualified land surveyor.**

QTR./L.S.	SEC	TWP	RG	M	PLAN NO.	BLK.	LOT

or

Date of site plan: \_\_\_\_\_

### Site Plan Checklist

- \_\_\_ Location of existing buildings from property lines
- \_\_\_ Location of proposed subdivision from property/quarter lines
- \_\_\_ Location of access/driveway and distance from intersections
- \_\_\_ Ravines, creeks, lakes, sloughs and any other water bodies
- \_\_\_ Location of shelterbelts and/or treed areas
- \_\_\_ Location of road (s) and/or road allowances
- \_\_\_ Length and width of proposed subdivision

## ABANDONED WELLS

Lot	Block	Plan	Subdivision	
NW / NE / SW / SE	Section	Township	Range	WM

After reclamation of a well has been completed and approved by Alberta Environment and Sustainable Resource Development, there is nothing visible on the surface or on title to indicate the presence of an abandoned well. Proper setback distances and access to the abandoned well site needs to be maintained if a leak should occur. There is also a risk to excavation and construction if abandoned wells are not properly located.

Effective **November 1, 2012**, new subdivision applications, except for lot line adjustments, must identify the presence or absence of abandoned wells. Documentation from ERCB (Energy Resource Conservation Board) Web Viewer must be attached to this application. ERCB Web Viewer can be accessed online at [www.ercb.ca](http://www.ercb.ca) under Abandoned Well Map.

In accordance with Provincial Alberta Regulation 23/2002 Subdivision and Development Regulation, the Applicant/Registered Owner has attached documentation from ERCB Web Viewer of the titled area that has indicated the following:

{    }	According to ERCB Web Viewer, there are no abandoned well sites within the titled area.
O R	
{    }	According to ERCB Web Viewer, there are abandoned well site(s) within the titled area. I have attached a tentative subdivision plan from an Alberta Land Surveyor showing the location of the well(s) and setbacks established by ERCB Directive 079.

Date: \_\_\_\_\_

Signature of Applicant/Registered Owner	Signature of Applicant/Registered Owner



**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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# REQUEST FOR SUBDIVISION TIME EXTENSION

NAME OF APPLICANT		
ADDRESS		
POSTAL CODE	PHONE NUMBER	(BUS.)

NAME OF REGISTERED OWNER		
ADDRESS		
POSTAL CODE	PHONE NUMBER	(BUS.)

SUBDIVISION NO.

LEGAL DESCRIPTION

QTR./L/S	SEC.	TWP.	RANGE	M.
----------	------	------	-------	----

OR

PLAN NO.	BLOCK	LOT
----------	-------	-----

EXPIRY DATE OF SUBDIVISION APPROVAL  
MM    DD    YY

--	--	--

EXTENDED TIME REQUESTED  
MM    DD    YY

--	--	--

REASONS FOR EXTENSION REQUEST (attach additional information if required) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We have enclosed the required application fee of \$290.00 for a single lot subdivision or \$575.00 for multi-lot subdivision.

\_\_\_\_\_  
APPLICANT/OWNER

\_\_\_\_\_  
DATE

**NOTE: Registered Owner's signature required if different from applicant.**

\_\_\_\_\_  
REGISTERED OWNER

\_\_\_\_\_  
DATE

**PLEASE RETURN INFORMATION TO THE NEAREST MACKENZIE COUNTY OFFICE ATTENTION PLANNER**

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Mackenzie County  
Box 640, 4511-46 Avenue  
Fort Vermilion, AB T0H 1N0



Phone: (780) 927-3718  
Fax: (780) 927-4266  
Email: [office@mackenziecounty.com](mailto:office@mackenziecounty.com)  
[www.mackenziecounty.com](http://www.mackenziecounty.com)