APPLICATION FOR SUBDIVISION

DATE OF RECEIPT
OF COMPLETED FORM :_____

FEE SUBMITTED:_____

FILE NO.: _____

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.

1. Name of registered owner of land to be subdivided_____

   Address:_____

   Phone Number:_____Fax No.:_____ E-Mail:_____

2. Name of agent (person authorized to act on behalf of registered owner), if any:_____

   _____

   Address:_____

   Phone Number:_____ Fax No.:_____ E-Mail:_____

3. LEGAL DESCRIPTION AND AREA OF LAND TO BE SUBDIVIDED

   All/part of the _____ ¼ Sec. _____ Twp. _____ Rge. _____ W ____M Being all/parts of lot _____

   block _____Reg. Plan No. _____ C.O.T. No. _____ Area of the above parcel of land to be

   subdivided _____ hectares. Municipal Address if applicable:_____

4. LOCATION OF LAND TO BE SUBDIVIDED

   a. The land is situated in the municipality of _____

   b. Is the land situated immediately adjacent to the municipal boundary? Yes____ No ___

      If "Yes", the adjoining municipality is:_____

   c. Is the land situated within 0.8 kilometers of the centre line of a highway right of way? Yes ___ No ___

      If "Yes", the highway is No. ____._____

   d. Does the proposed parcel contain or is it adjacent to a river, stream, lake or other body of water or by a drainage ditch or canal?

      Yes ___ No ___

      If "Yes", state its name_____

   e. Is the proposed parcel within 1.5 km of a sour gas facility? Yes____ No ___

5. EXISTING AND PROPOSED USE OF LAND TO BE SUBDIVIDED

   Describe:

   a. Existing use of the land _____

   b. Proposed use of the land _____

   c. The designated use of the land as classified under a land use bylaw _____

6. PHYSICAL CHARACTERISTICS OF LAND TO BE SUBDIVIDED (WHERE APPROPRIATE)

   a. Describe the nature of the topography of the land (flat, rolling, steep, mixed)_____

   b. Describe the nature of the vegetation and water on the land (brush, shrubs, tree stands, woodlots, etc. sloughs, creeks, etc.

   c. Describe the kind of soil on the land (sandy, loam, clay, etc.) _____

over

7. EXISTING BUILDINGS ON THE LAND TO BE SUBDIVIDED

Describe any buildings and any structures on the land and whether they are to be demolished or moved

_____

_____

8. WATER AND SEWER SERVICES

If the proposed subdivision is to be served by other than a water distribution system and a wastewater collection system, describe the manner of providing water and sewage disposal.

_____

_____

- The Consultant must submit a covering letter as per the current Town of Canmore Engineering Design guidelines, Section 1, giving a description of the project and confirmation that all aspects of the design meet the requirements of the Town of Canmore and other authorities having jurisdiction (e.g. Alberta Environment). Note any variances required in this covering letter.

9. REGISTERED OWNER OR PERSON ACTING ON THE REGISTERED OWNER'S BEHALF

I _____hereby certify that
(Full Name)

☐ I am the registered owner, or

☐ I am the agent authorized to act on behalf of the registered owner

and that the information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application for subdivision.

Address: _____ Signed:_____

Phone Number:_____ Date:_____

Fax No.: _____ E-mail.: _____

FURTHER INFORMATION MAY BE PROVIDED BY THE APPLICANT IN ADDITION TO THIS FORM

FOIP Notification:
"The collection of personal information is being carried out in accordance with the Freedom of Information and Protection of Privacy (FOIP) Act section 33c. Its use, retention and destruction will also be in accordance with the FOIP Act. If you have any questions relating to the collection of this information please contact the Municipal Records Officer for the Town of Canmore, 902 – 7th Avenue, Canmore, T1W 3K1, telephone 403-678-1509."

☐ The Reasons for Refusal are attached.
☐ The Reasons for Approval and Conditions of Approval are attached.

Date..... Signed .....
(Authorized Officer of Approving Authority)