



Application for Subdivision Approval

Municipal District of Foothills No. 31

www.mdfoothills.com

309 Macleod Trail, Box 5605, High River, AB T1V 1M7. Tel: 403-652-2341 Fax: 403-652-7880

Select one;

By plan of subdivision

By other instrument

This form is to be completed in full wherever applicable by the registered owner of the land, the subject of the application or by an authorized person acting on his/her behalf.

FOR OFFICIAL USE ONLY

Date of receipt _____

File No.: _____

Fees submitted: _____

Receipt No. _____

1. Name of registered owner of land to be subdivided _____

Address _____ Postal Code _____

Home Phone _____ Business Phone _____

2. Authorized person acting on behalf of registered owner _____

Address _____ Postal Code _____

Home Phone _____ Business Phone _____

3. LEGAL DESCRIPTION AND AREA OF LAND TO BE SUBDIVIDED:

All/part of the _____ 1/4 sec. _____ twp. _____ range _____ west of _____ meridian.

Being all parts of lot _____ block _____ Reg. Plan No. _____ C.O.T. No. _____

Area of the above parcel of land to be subdivided _____ acres.

Municipal Address (if applicable) _____

4. LOCATION OF LAND TO BE SUBDIVIDED:

a. The land is situated in the MD of Foothills No. 31.

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 0.5 miles (0.8 km) 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 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 kilometres 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. _____

d. Number of new parcels being created _____ Size of parcels being created _____

6. PHYSICAL CHARACTERISTICS OF LAND TO BE SUBDIVIDED:

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, sloughs, creeks, etc.) _____

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

7. EXISTING BUILDING ON THE LAND TO BE SUBDIVIDED:

Describe any buildings, historical or otherwise 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. _____

9. REGISTERED OWNER OR PERSON ACTING ON HIS /HER BEHALF:

I _____ hereby certify that

_____ I am the registered owner or _____ I am 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 fact relating to this application for subdivision approval.

Address _____

Signed _____

Phone No. _____

Date _____

RIGHT OF ENTRY

I hereby authorize the MD of Foothills No. 31 to enter my land for the purpose of conducting a site inspection in connection with my application for subdivision approval.

This right is granted pursuant to Sec. 43 (1) (a) and 5 (d) of the Planning Act.

Owner's Signature

THIS SECTION FOR OFFICIAL USE

Decision _____

The reasons for refusal or conditions of approval are attached.

Date _____ Signed _____
(Authorized Officer of Approving Authority)

****IMPORTANT NOTE: Applications must be received with original signed signature. Photocopies, faxes and emails will not be accepted.**

DISCLAIMER: Please note that the personal information collected on this form is authorized under the Municipal Government Act and is required for the purpose of the MD's Planning and Development processes. This information may also be shared with appropriate government agencies and may also be kept on file by those agencies. The application and related file contents will become available to the public and are subject to the provisions of the Freedom of Information and Protection of Privacy Act (FOIP). If you have any questions about the collection and use of this information, please contact the MD Municipal Planner at 403-652-2341.