## FORM 1

APPL	ICATION FOR SUBDIVISION	FILE N	JMBER	
DATE I	RECEIVED	DEEME	D COMPLETE:	
	rm is to be completed in full wherever applicab t of the application, or by a person authorized t	•	•	
Name	of registered owner of land to be subdivided		Address, Phone	number, Fax number
	of person authorized to act on behalf of owner	· (if any) ·		number, Fax number
	DESCRIPTION AND AREA OF LAND TO BE			
	PART $\square$ of the¼ SEC TWP ALL $\square$ PART $\square$ of LOT BLOCK PLAN			
Denig /	TELET TARK E OF EOT	<b>'</b>	certificate of the	<u></u>
Area o	f the above parcel of land to be subdivided		hectares (	acres)
Munic	ipal address (if applicable)			
LOCA <sup>-</sup>	TION OF LAND TO BE SUBDIVIDED			
	The land is situated in the municipality of:			
2.	Is the land situated immediately adjacent to t If "YES", the adjoining municipality is	he municip	oal boundary? YES	□ NO □
3.	Is the land situated within 1.6 KM of a right-of If "YES", the Highway # is:	·		□ NO □
4.	Is a river, stream, lake, other water body, drain or canal within or adjacent to the proposed page 1	_	ı, YES	
5	Is the proposed parcel within 1.5 KM of a soul			

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

Existing use of the land	Proposed use of the land	Land Use District
PHYSICAL CHARACTERISTICS OF	LAND TO BE SUBDIVIDED	
Nature of the topography (flat, rolling	ng, steep, mixed, etc.)	
Nature of vegetation and water (bru	sh, shrubs, treed, etc.)	
Soil conditions (sandy, loam, clay, et	c.)	
STRUCTURES AND SERVICING		
Describe any buildings/structures or	n the land and whether they are to be	e demolished or moved.
Describe the manner of providing w	ater and sewage disposal.	
REGISTERED OWNER OR PERSON	ACTING ON THE REGISTERED OV	VNER'S BEHALF
Ih	ereby certify that $\Box$ I am the registe	red owner OR
	on behalf of the registered owner and is (to the best of my knowledge) a to vision.	9
Signature	Date	

FURTHER INFORMATION MAY BE PROVIDED AS AN ATTACHMENT

## **APPLICATION FOR SUBDIVISION**

FILE NUMBER		

ADDITIONAL APPLICATION REQUIREMENTS CHECKLIST

The fol	lowing is a list of application requirements needed to provide a completed subdivision application:
	Application Fee (Please refer to applicable fee schedule)
	Form 1 – Application for Subdivision (must be completed in full and signed)
	Form 2A or 2B – Alberta Energy Regulator Abandoned Wells Statement (whichever is applicable)
	Form 3 – Authorization for Electronic Communication
	<b>Form 4</b> – Landowner Letter of Authorization *MUST accompany all application where the applicant is not the landowner <b>OR</b> where there is more than one registered landowner. Please note that signatures are required for <b>ALL</b> registered landowners*
	Certificate of Title (obtained within 3 months of the submission of the application)
	<b>Tentative Plan of Subdivision</b> (with area and dimensions of the proposed lot(s) and remainder parcel)
	An orthophoto of the subject site (including proposed and remainder parcels)
	Any other items or information identified during pre-submission consultation. Please list below:

Please note that applications may not be deemed complete until all application requirements have been submitted and reviewed for completeness.

# FORM 2A

## STATEMENT REGARDING ABANDONED WELLS LOCATED

I/We
The registered owner(s) (or authorized agents) of
Have consulted the Alberta Energy Regulator (AER) Abandoned Well Map Viewer, and verified that:
ABANDONED WELL <u>ARE</u> LOCATED ON THE PROPOERTY SUBJECT TO THIS APPLICATION.
$\square$ I/We have contacted the responsible licensee(s) and the exact well location(s) has/have been confirmed.
Additional information provided by the licensee(s) requiring a change in the setback area is attached:
□ NOT APPLICABLE
In the event that construction activity occurs within the setback area of the abandoned well(s) as a result of development on the subject property, the abandoned well(s) will be temporarily marked with on-site identification to prevent contact during construction.
□ I/We have attached a copy of the AER map showing the subject property and a list identifying and locating the abandoned well(s) on the subject property.
Signature of Registered Owner (or Agent)  Date

# FORM 2B

# **STATEMENT REGARDING NO ABANDONED WELLS**

I/We	
The registered owner(s) (or authorized agents) of	
Have consulted the Alberta Energy Regulator (AER) Abando	oned Well Map Viewer, and verified that:
THERE ARE NO ABANDONED WELLS LOCATED ON THE PRO	POERTY SUBJECT TO THIS APPLICATION.
☐ I/We have attached a copy of the AER map showing the	subject property.
Signature of Registered Owner (or Agent)	Date

#### FORM 3

Signature

Owner(s) consent to receive electronic communication by an authorized person of the Summer Village Administration for the purpose of conveying information relative to a subdivision application.

Section 608 (1) of the Municipal Government Act, R.S.A. 2000, c. M-26, as amended states:

- **608** (1) Where this Act of a regulation or bylaw made under this Section requires a document to be sent to a person, the document may be sent by electronic means if
  - (a) the recipient has consented to receive documents from the sender by those electronic means and has provided an e-mail address, website or other electronic address to the sender for that purpose.

In accordance with the above Section it is necessary that this form be completed and returned with your application submission in order that an authorized person from the Summer Village Administration may be able to communicate information to you electronically regarding your file.

I/We grant consent for an authorized person of the Summer Village Administration to

Date

Print

#### FORM 4

#### LANDOWNER LETTER OF AUTHORIZATION

This form must accompany all applications where the applicant is <u>not</u> the landowner **OR** where there is more than one registered landowner. Please note that signatures are required for <u>all</u> registered landowners.

I/We					
Being the registered owr	ner(s) of:				
ALL 🗆 PART 🗖 of the	¼ SEC	TWP	RANGE	WEST OF	MERIDIAN.
Being ALL □ PART □ of I	LOT BLO	OCK PI	LAN	_ Certificate of Ti	tle NO
Do hereby authorize					
to act as an APPLICANT o lands.	on my/our beh	alf regarding	g the subdivisi	on application of	the above mentione
Name of Applicants					
Name of Applicant.					
Address:				Postal Co	de:
Address:		Alternat	e Phone:		
Address:		Alternat	e Phone:		
Address:Phone: Email / Fax:		Alternat	e Phone:	Date	:

The personal information requested on this form is being collected by the Summer Village Administration for purposes provided under Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and is protected by the FOIP Act. If you have any questions about this collection, contact the Summer Village Administration at 403-887-2822.