



APPLICATION FOR SUBDIVISION

File # _____ Date: _____

Current Land Use: _____

Registered Owner

Name(s): _____

Contact: _____

Address: _____

City _____ Province _____ Postal Code _____

e-mail: _____

Legal Description of Land to be Subdivided

Quarter _____ Section _____ Township _____ Range _____ Meridian _____

Lot _____ Block _____ Plan _____

Rural or Municipal Address _____

Area of current title _____ acres Area of lot(s) to be created _____ acres

If the land is immediately adjacent to the County of Wetaskiwin boundary Yes No

Is the land within 1.6km of a Highway or Secondary Highway, if yes provide the highway number

Yes No Highway Number _____

If the proposed parcel contains or is bounded by a river, stream, or other body of water, lake or by a drainage canal, if yes please provide details Yes No

Proposed Subdivision

Describe the proposed subdivision _____

Number of lots to be created: _____

Description of existing buildings: _____

List Available Utilities including water, sewer, gas, power telephone _____

Describe the soil, slope and vegetation _____

Describe the present sewage disposal system _____

Owner's Application and Consent

1. I am the registered owner of the property as noted.
2. I am applying for approval to subdivide the property as noted.
3. The information 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.
4. I consent to the subdivision authority to enter the above noted land to conduct a site inspection.
5. I acknowledge the Decision Time Limit of 60 days as established by the Subdivision and Development Regulation 43/2002.
6. The information on this form may be released under Section 653 of the Municipal Government Act or successor legislation.
7. If an agent is required, I consent to the person noted below to act as my agent for the purposes of processing the application.
8. The personal information provided by you is being collected under the authority of the Municipal Government Act RSA 2000, Chapter M26 and will be used for the purposes of the Act. The personal information that you provide may be made public, subject to the provisions of the Freedom of Information and Protection of Privacy Act.
9. I accept that all fees are Non-Refundable

Name of Owner (printed) _____ Signature _____

Owner's Agent (if applicable):

Name _____

Address: _____

City _____ Province _____ Postal Code _____

Email: _____

Signature of Owner's Agent _____ Date _____