



Mountain View
C O U N T Y

REDESIGNATION & SUBDIVISION APPLICATION

1408 Twp. Rd. 320 / Postal Bag 100, Didsbury, AB Canada TOM 0W0
T 403.335.3311 F 403.335.9207 Toll Free 1.877.264.9754
www.mountainviewcounty.com

INSTRUCTIONS

REDESIGNATION (rezoning) AND SUBDIVISION APPLICATIONS will only be processed when it/they are completed in its entirety. This checklist should be completed by the applicant. All boxes should be checked and the required information attached to the application.

The Planning and Development Department will accept the application when all of the following requirements are addressed. All boxes must either be a ✓ or N/A (not applicable).

Required:

- Completed Redesignation/Subdivision Application Form (please put N/A in spaces which are not applicable);
- Applicant and/or Landowner Signatures. The applicant is the person applying for the subdivision application and may be the landowner;
- Completed Letter of Authorization Form signed by the landowner if the applicant is not the registered landowner;
- Application fee, payable by cheque, debit, credit card, money order or cash to Mountain View County. See Fee Schedule for more information;
- Current Certificate of Title of subject lands (obtained within 30 days prior to the application);
- A legible Proposed Subdivision Sketch showing all of the necessary features as listed in this application form;
- A legible Surrounding Land Use Map representing the land use ½ a mile adjacent to the ¼ section of the proposed subdivision; and
- The box for the Right of Entry for site inspection on the property must be checked off and signed by the landowner and the applicant.
- I have reviewed and considered the redesignation and subdivision options available to me as outlined in the Municipal Development Plan (Bylaw 09/12) and summarized in the Supplementary Information.
- Abandoned Well Information From Alberta Energy Regulator (AER) (<http://www.aer.ca/rules-and-regulations/directives/directive-079>)
- Completed Time Extension Agreement for Subdivision Application (if submitted with a redesignation application).

* Please ensure that you have read the Supplementary Information for Redesignation/Subdivision Applications. This document will provide you with additional information regarding redesignation and subdivision.

* Upon review, additional supportive information may be requested by the Planning and Development Department in support of your application (e.g. Traffic Impact Assessment, Proof of Water, Geotechnical Report).



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CONTACT DETAILS

NAME OF APPLICANT: _____

Address: _____ Postal Code: _____

Phone #: _____ Alternate Phone #: _____

Fax #: _____ E-mail: _____

LANDOWNER(S) (if applicant is not the landowner): _____

Address: _____ Postal Code: _____

Phone #: _____ Alternate Phone #: _____

Fax #: _____ E-mail: _____

PROPERTY DETAILS

1. LEGAL DESCRIPTION of the land to be redesignated (rezoned) and/or subdivided:

All/part of the _____¹/₄ Sec. _____ Twp. _____ Range _____ West of _____ Meridian

Being all/parts of Lot _____ Block: _____ Plan _____

Rural Address (if applicable): _____

a. Area to be Redesignated/Subdivided: _____ acres (±) / _____ hectares (±)

b. Rezoned from Land Use District: Agricultural Country Residential Recreational Industrial
 Direct Control Highway Commercial Business Commercial

c. To Land Use District: Agricultural 2 Country Residential Residential Farmstead
 Recreational Industrial Direct Control
 Local Commercial Business Park Aggregate Extraction/Processing

Number of new parcels proposed: _____

Size of new parcels proposed: _____ acres / _____ hectares

2. LOCATION of the land to be redesignated (rezoned) and/or subdivided:

a. Is the land situated immediately adjacent to the municipal boundary? Yes No
If yes, the adjoining municipality is: _____

b. Is the land situated within 0.8 kilometers of the right-of-way of a highway? Yes No
If yes, the highway number is: _____

c. 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, or containing a coulee or ravine? Yes No

If yes, state its name: _____

d. Is the proposed parcel within 1.5 km of a sour gas facility? Yes No Unknown

If yes, state the facility: _____

e. Is the proposed parcel within one (1) mile of a Confined Feeding Operation (CFO) or Intensive Livestock Operation? Yes No Unknown

3. **REASON FOR REDESIGNATION/SUBDIVISION** (please give us the reasons for your application and how they support the Municipal Development Plan. If additional space is required, please submit on a separate piece of paper):

4. **PHYSICAL CHARACTERISTICS of the land to be subdivided:**

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

Describe the nature of the vegetation & water on the land (brush, shrubs, tree stands, woodlots, etc. sloughs, creeks, etc.): _____

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

5. **EXISTING BUILDINGS & BUSINESSES ON THE LAND TO BE SUBDIVIDED:**

Describe any buildings, any structures & any businesses on the land. Are they to remain or be demolished or removed?

6. **WATER AND SEWER SERVICES**

Is the proposed subdivision to be served by a water distribution system and a wastewater collection system?

Yes No

Has proof of water been established? Yes No

If not, describe the manner of providing water and sewage disposal to the proposed subdivision.

7. **ABANDONED WELLS:**

Is there an abandoned well on the property? Yes No

If yes, please attach information from the AER on the location and name of licensee.

I have contacted the AER to obtain this information and if required I have contacted the licensee or AER.

AGENT AUTHORIZATION & RIGHT OF ENTRY AGREEMENT

I/We, _____,
Owner(s) Name(s) (please print) being the registered owner(s) of :

All/part of the _____ 1/4 Section _____ Township _____ Range _____ West of _____ Meridian
Lot: _____ Block: _____ Plan: _____

do hereby authorize: _____ to act as Applicant on my/our behalf regarding
the redesignation/subdivision application of the above mentioned lands.

I hereby grant approval for Mountain View County staff to access the property for a Site Inspection:

Yes No

Landowner(s) Signature(s)

Date

Landowner(s) Signature(s)

Date

Please complete the following if landowner is a registered company:

I, _____, have authority to bind _____.
Name of Authorized Officer/Partner/Individual Insert Name of Corporation

Signature of Authorized Officer, Partner or Individual

Title of Authorized Officer, Partner or Individual

Signature of Witness

Name of Witness (please print)

AUTHORIZATION

REGISTERED OWNER(S) AND/OR PERSON ACTING ON THE REGISTERED OWNER'S BEHALF:

I, _____ hereby certify that: I am the registered owner
(Print full name/s) 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 facts relating to this application for redesignation approval.

Please Note: The decision on this application requires a public process. Information provided in regard to this
application will be made available to the decision maker and to the public. By making this application, pursuant to s.
17(2) of the Freedom of Information and Protection of Privacy Act, you consent to this disclosure of any information
which might otherwise be considered personal information.

METHOD OF PAYMENT

Payment Method: Cheque Cash Auth / Chq. Number _____ Visa M/C

For credit card payment, please complete and submit attached authorization form.

Application Fee: \$ _____ Long Range Planning Fee: \$ _____ TOTAL FEE: \$ _____

(NOTE: If you require assistance calculating fees, please contact Planning and Development @ 403-335-3311)

*** Note: Be advised that there is a \$3000.00 Maximum for Credit Card Payments ***

SURROUNDING LAND USE MAP

The middle square represents the quarter section your property is located on.

1. Please sketch a land use map showing the proposed redesignation/subdivision site and the dwellings, buildings, roads and water on your property.
2. Please indicate and the land uses within $\frac{1}{2}$ mile of the proposed site (example: farm, pasture, confined feeding lots, waste transfer stations, oil/gas facilities, roads, watercourses, or any other form of land use surrounding the proposed development site).





**Each square represents a $\frac{1}{4}$ Section.
The central square represents the $\frac{1}{4}$ Section in which the development is proposed.**



TIME EXTENSION AGREEMENT FOR SUBDIVISION APPLICATION

Applicant: _____

Legal Description: _____

File Number: _____

Section 6 of the *Subdivision and Development Regulation* requires Mountain View County to make a decision on a completed application within **60 days** of its receipt, unless an agreement is entered into with the applicant to extend this period.

In order to permit Mountain View County to make a decision on your application, we are requesting that you enter into the Time Extension Agreement as set out below. Without this agreement, we will be unable to deal with your application after the 60 day period has expired.

If you concur with our request, please complete the agreement set out below.

In accordance with Section 681(1)(b) of the *Municipal Government Act*,

I/We, _____ hereby enter into an agreement with Mountain View County to extend the time prescribed under Section 6 of the *Subdivision and Development Regulation* to 60 days after Council makes a decision on the redesignation application.

Date

Applicant's Signature



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**Visa - MasterCard
Payment Authorization**

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Transaction Date: _____

Payment Amount: \$ _____

Payment Method: Visa MasterCard

Name of Cardholder: _____

Signature of Cardholder: _____

Phone Number: _____

*Payment Reference: _____

i.e.: Planning; County Map; A/R Account; etc.

*We do not accept credit card payments for Tax or Municipal Reserve Payments. There is a \$3000 maximum for credit card payments.

Mountain View County shall not be responsible for the security of any information during delivery by mail or email, and the cardholder agrees as a condition of paying by credit card that it hereby releases and holds harmless the County from any and all claims arising therefrom.

The credit card information provided on this portion of the form will not be retained. Once the transaction authorized by this form has been approved, credit card information will be destroyed.

Credit Card Number: _____

CSV: _____

Expiry Date (mm/yr): _____

TO BE DESTROYED