



Mountain View
C O U N T Y

REDESIGNATION & SUBDIVISION APPLICATION

1408 Twp. Rd. 320 / Postal Bag 100, Didsbury, AB Canada TOM OW0
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 must be completed by the applicant and attached to the Application in order for the application to be considered complete. 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 $\frac{1}{2}$ a mile adjacent to the $\frac{1}{4}$ 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 17/07) and summarized in the Supplementary Information. My preferred redesignation/subdivision is based on option _____. I have detailed the proposed configuration in the attached 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 _____ ¼ 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 Country Residential Recreational Industrial
 Direct Control Highway Commercial Business Commercial

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 ON THE LAND TO BE SUBDIVIDED:**

Describe any buildings & any structures 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.

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 (You will be contacted for credit card #)

Name of Cardholder: _____ Signature of Cardholder: _____

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 ***

PROPOSED REDESIGNATION/SUBDIVISION SKETCH

The Site Plan **must** include all of the following information (if applicable) in order for it to be considered complete:

- Location, dimensions, and boundaries of the entire property and of the portion of the property to be redesignated/subdivided;
- Location and dimensions of existing buildings and structures on the property, including distances from property lines. Identify buildings that will be demolished or moved;
- Location and names of proposed and existing roadways, driveways and road approaches;
- Location of existing wells and septic systems;
- Location and description of natural site features such as steep slopes, water bodies or courses, woodlots and shelterbelts;
- Location and description of man made site features such as drainage ditches, wells and private sewage disposal systems, gravel working, etc.;
- Location, dimensions and boundaries of: proposed lot boundaries and rights-of-way (if applicable).



The below square may be used to represent a ¼ Section



Indicate name of ROAD if applicable																			
R O A D																		R O A D	
	Indicate name of ROAD if applicable																		

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.**