



Town of Bow Island

APPLICATION FOR SUBDIVISION

FOR OFFICE USE ONLY
Zoning (as classified under the Land Use Bylaw): _____
Fee Submitted: _____ File No: _____
APPLICATION SUBMISSION
Date of Receipt: _____
Date Deemed Complete: _____

1. CONTACT INFORMATION

Name of Registered Owner of Land to be Subdivided: _____

Mailing Address: _____ City/Town: _____

Postal Code: _____ Telephone: _____ Cell: _____

Email: _____ Preferred Method of Correspondence: Email Mail

Name of Agent (Person authorized to act on behalf of Registered Owner): _____

Mailing Address: _____ City/Town: _____

Postal Code: _____ Telephone: _____ Cell: _____

Email: _____ Preferred Method of Correspondence: Email Mail

2. LEGAL DESCRIPTION OF LAND TO BE SUBDIVIDED

a. All/part of _____ ¼ Section _____ Township _____ Range _____ west of _____ Meridian (e.g. SE¼ 36-1-36-W4M)

b. Being all/part of: Lot/Unit _____ Block _____ Plan _____

c. Certificate of Title No.(s): _____

d. Total area of existing parcel of land (prior to subdivision) is: _____ hectares _____ acres

e. Total number of lots to be created: _____ Size of Lot(s): _____

f. Municipal/Civic Address (if applicable): _____

3. LOCATION OF LAND TO BE SUBDIVIDED

a. Is the land situated immediately adjacent to the municipal boundary? Yes No

b. Is the land situated within 1.6 kilometres (1 mile) of the right-of-way of a highway? Yes No

If "yes" the highway is No. _____

c. Is the proposed parcel within 1.5 kilometres (0.93 miles) of a sour gas facility? Yes No

d. Does the proposed parcel contain or is it bounded by a wetland, river, stream, lake or other body of water, or by a canal or drainage ditch? Yes No If "yes", state its name _____

4. EXISTING AND PROPOSED USE OF LAND TO BE SUBDIVIDED

Describe:

a. Existing use of the land: _____

b. Proposed use of the land: _____

5. PHYSICAL CHARACTERISTICS OF LAND TO BE SUBDIVIDED

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

b. Describe any vegetation/water on the land (shrubs, trees, wetland, etc.) _____

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

d. Is this a vacant parcel (i.e. void of any buildings or structures)? Yes No

If "no", describe all buildings and structures on the land. Indicate whether any are to be demolished or moved.

e. Are there any active oil or gas wells or pipelines on the land? Yes No

f. Are there any abandoned oil or gas wells or pipelines on the land? Yes No

6. WATER SERVICES

a. Existing source of water: Municipal Other

If other, describe existing source of potable water: _____

b. Proposed source of water: Municipal Other

If other, describe proposed source of potable water: _____

7. SEWER SERVICES

a. Existing sewage disposal: Municipal Other

If other, describe existing sewage disposal: _____

b. Proposed sewage disposal: Municipal Other

If other, describe proposed sewage disposal: _____

8. SHALLOW UTILITY SERVICES

a. Gas service existing at site? Yes No b. Electrical power existing at site? Yes No

9. REGISTERED OWNER OR PERSON ACTING ON THEIR BEHALF

I hereby certify that I am the registered owner or I am authorized to act on behalf of the register 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 subdivision approval.

Signed: _____ Date: _____

10. RIGHT OF ENTRY I, _____ (print name), hereby authorize representatives of the municipality to enter my land for the purpose of conducting a site inspection in connection with my subdivision application. This right is granted pursuant to Section 653(2) of the Municipal Government Act.

Signature of Registered Owner: _____

PLEASE NOTE: Personal information collected on this form is collected in accordance with Section 653 of the Alberta Municipal Government Act and Section 33(c) of the Freedom of Information and Protection of Privacy Act. Please note that such information may be made public. If you have any questions about the information being collected, contact the Town of Bow Island FOIP Coordinator at (403) 545-2522.