



Application for Subdivision Approval

Planning and Economic Development

A-4900 50th St.
 Taber, Alberta T1G 1T1
 Phone: 403-223-6009
 Fax: 403-223-5530

| Office Use Only | | | |
|--|--------------------|--------------------|----------------------|
| Use: <input type="checkbox"/> Permitted <input type="checkbox"/> Discretionary <input type="checkbox"/> Prohibited | | Land Use District: | Roll No: |
| Subdivision No: | Subdivision Fee \$ | Off-Site Levy: \$ | Security Deposit: \$ |
| Application Received: | Date Advertised: | Permit Effective: | Total Fees: \$ |

- **The issuance of building permits cannot take place until certain conditions outlined by the subdivision approval process, including the requirements outlined by the Subdivision Servicing Agreement, have taken place.**
- **The parcel will not officially be subdivided until Land Titles registers the plan and creates the new *Certificate of Title*. It is the land owner's responsibility to initiate registration with Land Titles.**
- **Please attach the follow:**
 - Application fee
 - Tentative Plan of Subdivision prepared by an Alberta Land Surveyor (include a digital copy)
 - Servicing Agreement (3 copies)
 - Current Copy of Certificate of Title

I/We hereby make application for Subdivision in accordance with the requirements of the Municipal Government Act and the Subdivision and Development Regulations.

| | | | |
|---|---|---|-------------------------------|
| Applicant: | Name: | | |
| | Address: | | |
| | Town: | Postal Code: | |
| | Phone Res: | Phone Cell: | |
| | Email: | | |
| | Business License#: | | |
| | Interest in the proposed subdivision, if not the registered owner: <input type="checkbox"/> Agent <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other explain: | | |
| Registered Owner: (if different from applicant) | Name: | | |
| | Address: | | |
| | Town: | Postal Code: | |
| | Phone Res: | Phone Cell: | |
| | Email: | | |
| Legal Description of Land to be Subdivided: | All/Part of the ____ ¼ of Section ____ Township ____ Range ____ W4M | | |
| | Being all/part of: Lot/Unit ____ Block ____ Plan ____ | | |
| | Municipal Address (if applicable): | | |
| Location of Land to be Subdivided: | The land is situated in the Municipality of: | | |
| | Is the land situated immediately adjacent to the municipal boundary? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, name of Municipality: |
| | Is the land situated within 0.8 kilometers of the right-of-way of a Highway? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Highway No: |
| | Does the proposed parcel contain or it is bounded by a river, stream, lake, or other body of water, or by a drainage ditch or canal? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, name: |
| | Is the proposed parcel within 1.5 kilometers of a sour gas facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Use of Land to be Subdivided: | Total Number of lots to be created: | | Size of Lot(s) or range: |
| | Describe the existing use of the land: | | |
| | Describe the proposed use of the land: | | |
| | Current land use designation: | | |
| | Proposed land use designation: | | |
| Characteristics of the Land to be Subdivided | Describe any existing buildings: | | |
| | Will any structures be demolished or moved? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain: |

The personal information requested on this form is being collected for a Subdivision application and is protected by the Freedom of Information and Protection of Privacy (FOIP) Act. If you have questions about the collection, contact our FOIP Coordinator at (403) 223-5500.



**Application for Subdivision Approval
Form E**

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| | |
|--|--|
| Describe the nature of the topography of the land (flat, rolling, steep, mixed, etc.): | |
| | |
| | |
| Describe the nature of the vegetation and water on the land (brush, shrubs, trees, woodlots, sloughs, creeks, etc.): | |
| | |
| | |
| Type of soil (sand, loam, clay, etc.): | |
| | |
| Describe the manner of providing water and sewage services: | |
| | |

I (we), _____ hereby certify that I am (we are)
Print full name(s)

- the registered owner(s)
 authorized to act on behalf of the registered owner(s)

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.

| | |
|---|--------------------|
| Signed: _____ | Date: _____ |
| <small>Applicant</small> | |
| Signed: _____ | Date: _____ |
| <small>Registered Owner (If different than applicant)</small> | |
| Signed: _____ | Date: _____ |
| <small>Development Officer</small> | |

| |
|--|
| To be completed by the registered owner(s): |
| <p>Right of Entry:</p> <p>I, _____, hereby authorize representatives of the Town of Taber to enter my land for the purpose of conducting a site inspection in connection with my application for subdivision.</p> <p>This right is granted pursuant to Section 653(2) of the <i>Municipal Government Act</i>.</p> <p align="center">Signed: _____ Date: _____</p> <p align="center"><small>Registered Owner</small></p> |