



COUNTY OF NORTHERN LIGHTS

Information Needed to Submit a Subdivision Application

1. COMPLETE AND SIGN THE APPLICATION

- 2. SUBMIT THE APPROPRIATE FEES:** \$100 Application Fee
\$100 is also required for each lot created, including the balance of the parcel

(For Example: \$300.00 is required for a Farmstead Application)

3. PROVIDE AN UP-TO-DATE COPY OF TITLE

(A copy of your title should be obtained that is not more than two (2) months prior to the date of your application. Titles are available from your local/regional Licence & Registry Office. Please note the following: **You may or may not be charged a fee for this service.**)

4. SKETCH SHOWING THE PROPOSED SUBDIVISION

Rural areas, please use the attached sketch form. Please be sure to show the size of the area being subdivided. Also, please indicate the approximate location of the sewage system, the water supply system, any buildings, treed areas and water courses. As well, please provide the measured distances between all buildings, and the sewage disposal system, the water system and the proposed property lines.

Urban areas and Hamlet areas, please attach a "Real Property Report", if buildings are on the proposed subdivision site. These reports are prepared by surveyors.

5. RURAL APPLICATIONS

Please complete:

- A. The form indicating the water supply system and sewage disposal system, and have an up-to-date Aerial Photograph attached to your application.

Aerial photographs are available from:

Air Photo Distribution Center
9920-108 Street- Main Floor
Edmonton, Alberta
T5K 2M4
Telephone: (780) 427-3520
Fax: (780) 422-9683
E-mail: air.photo@gov.ab.ca
(A fee will be charged)

6. COMPLETE RIGHT-OF-ENTRY FORM

7. COMPLETE SKETCH DISCLAIMER FORM

Please bring or mail the above information to:
County of Northern Lights County Services Building
600, 7th Ave. NW, Box 10
Manning, AB T0H 2M0



**RETURN COMPLETED SUBDIVISION APPLICATION FORM TO:
COUNTY OF NORTHERN LIGHTS**

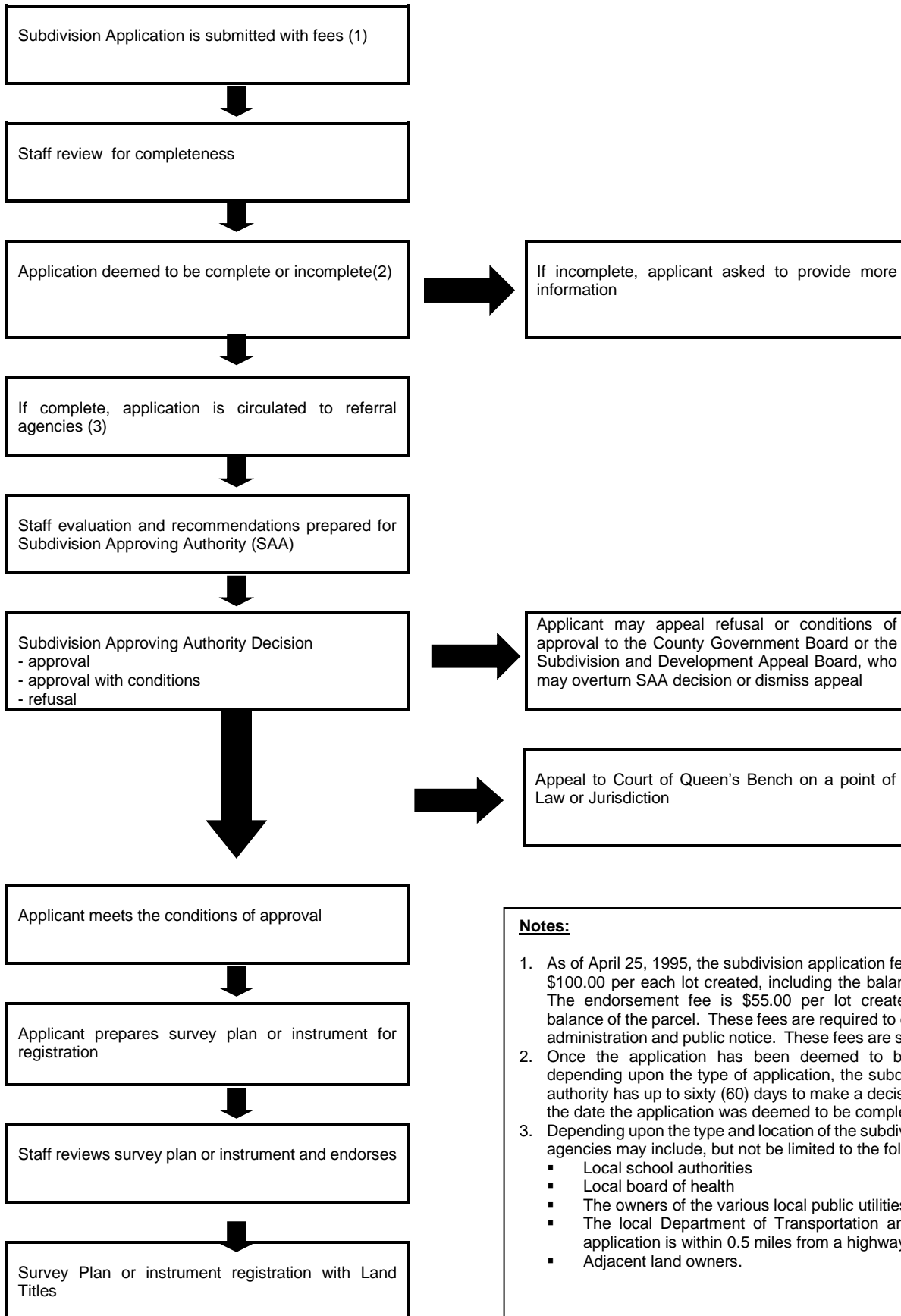
#600 7th Ave. NW. Box 10, Manning, AB T0H 2M0

Ph. (780) 836-3348 Fax. (780) 836-3663

e-mail: info@countyofnorthrnlights.com

| | | | | | |
|---|---|--|----------|----------------|--|
| APPLICATION FOR SUBDIVISION APPROVAL (Check which applies) <input type="checkbox"/> By Plan of Survey <input type="checkbox"/> By other instrument | For Office Use Only <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Date of receipt of Application as complete</td> <td style="width:50%;">File No.</td> </tr> <tr> <td colspan="2">Fees Submitted</td> </tr> </table> | Date of receipt of Application as complete | File No. | Fees Submitted | |
| Date of receipt of Application as complete | File No. | | | | |
| Fees Submitted | | | | | |
| <p>THIS FORM IS TO BE COMPLETED IN FULL WHENEVER APPLICABLE BY THE REGISTERED OWNER OF THE LAND THAT IS THE SUBJECT OF THIS APPLICATION OR BY AN AUTHORIZED PERSON ACTING ON HIS/HER BEHALF.</p> <p>1. Name(s) and address of registered owner(s) of land to be subdivided.</p> <p>_____</p> <p>_____ Phone Number: _____</p> <p>_____ e-mail address: _____</p> | | | | | |
| <p>2. Authorized person(s) acting on behalf of registered owner(s).</p> <p>_____</p> <p>_____ Phone Number: _____</p> <p>_____ e-mail address: _____</p> | | | | | |
| <p>3. LOCATION OF LAND TO BE SUBDIVIDED _____</p> <p>a. Is the land situated immediately adjacent to the county boundary? Yes___ No___ If "Yes", the adjoining county is: _____</p> <p>b. Is the land situated within 0.5 miles of the right-of-way of a Highway? Yes___ No___ If "Yes", the Primary Highway_____ Secondary Highway_____</p> <p>c. Is the land situated within 0.5 miles of a river, watercourse, lake or other permanent body of water, or a canal or a drainage ditch? Yes___ No___ If "Yes" state its name: _____</p> <p>d. Is the proposed parcel within 1.5 km of a sour gas facility? Yes___ No___</p> | | | | | |
| <p>4. EXISTING AND PROPOSED USE OF LAND TO BE SUBDIVIDED</p> <p>a. Existing use of land _____</p> <p>b. Proposed use of land _____</p> <p>c. The land use district ("zoning") applied to the existing titled area under the Land Use Bylaw _____</p> | | | | | |
| <p>5. PHYSICAL CHARACTERISTICS OF LAND TO BE SUBDIVIDED</p> <p>a. Describe the nature of the topography of the land (e.g. flat, rolling, steep, mixed, etc.): _____</p> <p>b. Describe the nature of the vegetation and water on the land (e.g. brush, tree stands, etc. - sloughs, creeks, etc.) _____</p> <p>b. Describe the kind of soil on the land (e.g. sandy, loam, clay, etc.): _____</p> | | | | | |
| <p>6. EXISTING BUILDINGS ON THE LAND PROPOSED TO BE SUBDIVIDED Describe any buildings, historical or otherwise, and any structures on the land and whether they are to be demolished or moved.</p> <p>_____</p> | | | | | |
| <p>7. REGISTERED OWNER OR PERSON ACTING ON HIS/HER BEHALF I/We _____ being the registered owner(s), or authorized to act on behalf of the registered owner(s) do hereby certify that the information given on this form is full and complete and is, to the best of my (our) knowledge, a true statement of the facts relating to this application for subdivision approval.</p> <p>_____ Signature of Landowner</p> <p align="center">OR</p> <p>_____ Signature of Landowner (if joint)</p> <p>_____ Date: _____</p> <p>_____ Signature of Agent</p> | | | | | |

County of Northern Lights Subdivision Process Steps



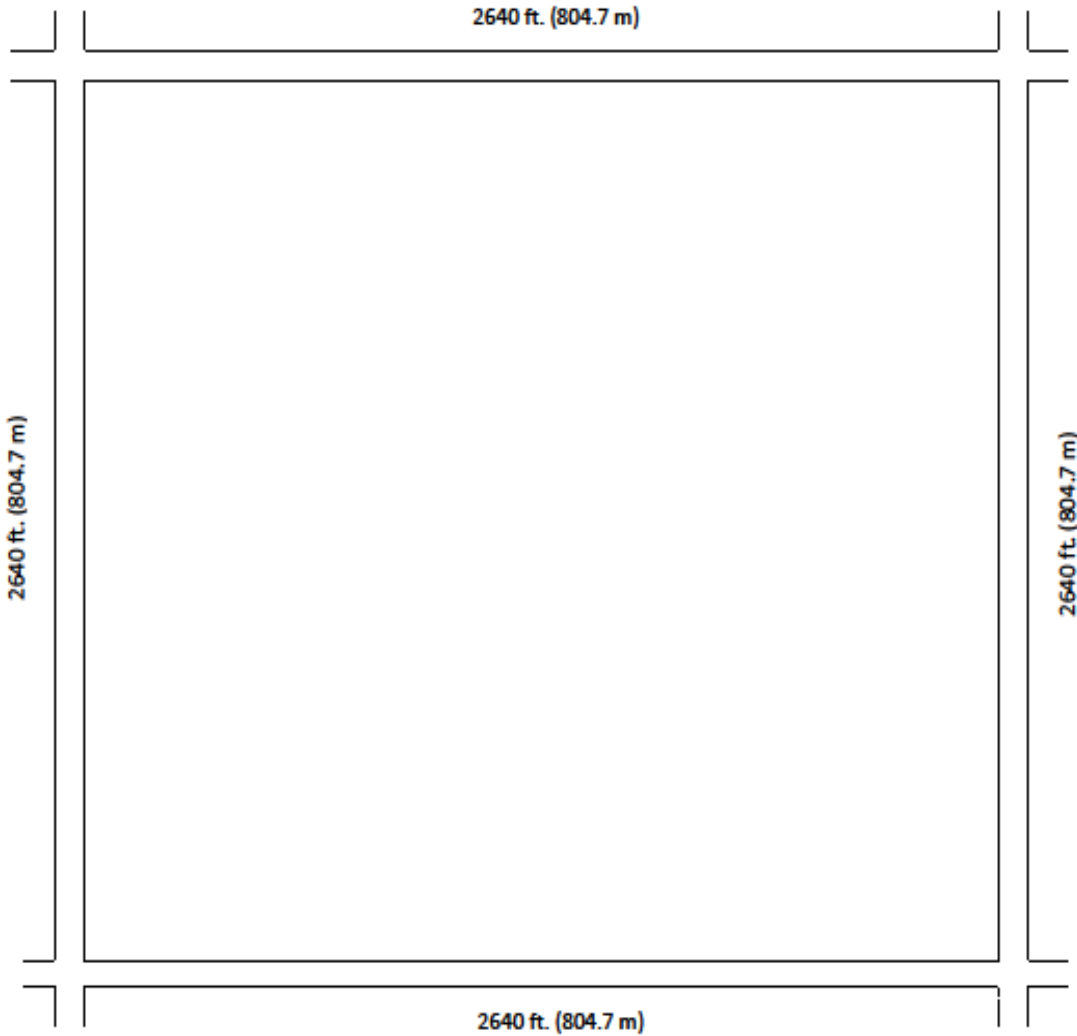
- Notes:**
1. As of April 25, 1995, the subdivision application fee is \$100.00 plus \$100.00 per each lot created, including the balance of the parcel. The endorsement fee is \$55.00 per lot created, including the balance of the parcel. These fees are required to cover the costs of administration and public notice. These fees are subject to change.
 2. Once the application has been deemed to be complete and depending upon the type of application, the subdivision approving authority has up to sixty (60) days to make a decision, starting from the date the application was deemed to be complete.
 3. Depending upon the type and location of the subdivision, the referral agencies may include, but not be limited to the following:
 - Local school authorities
 - Local board of health
 - The owners of the various local public utilities
 - The local Department of Transportation and Utilities, if the application is within 0.5 miles from a highway right of way
 - Adjacent land owners.

PROPOSED SUBDIVISION SKETCH

LEGAL _____ ¼ SEC _____ TWP _____ RG _____ W _____ M

- Locate proposed parcel in ¼ section.
- Parcel Boundaries/dimensions (feet, metres, etc.).
- Locate developed road allowance(s) and access points(s).
- Distance from all proposed boundary lines to all non-movable buildings (if applicable).
- Distance from residence to drinking water supply, sewage system outlet and all proposed boundary lines (if applicable).
- Distance from sewage outlet to water supply and all boundary lines (if applicable).
- Distance from water supply to all proposed boundary lines (If applicable).
- Locate additional residence(s) on the ¼ section (if applicable).
- Locate shelterbelts, creeks, rivers, drainage ditches, railways, etc.

North



PROPOSED PLAN OF SUBDIVISION COUNTY OF NORTHERN LIGHTS

_____ SEC _____ TWP _____ RG _____ W _____ M

FILE NO. _____ PROPOSED SUBDIVISION _____

County of Northern Lights

600 7th Avenue NW, Box 10, Manning, AB T0H 2M0

Phone: (780) 836-3348 Fax (780) 836-3663

RIGHT OF ENTRY BY AN AUTHORIZED PERSON FROM THE COUNTY OF NORTHERN LIGHTS FOR THE PURPOSES OF A SITE INSPECTION OF THE LAND AFFECTED BY A PROPOSED SUBDIVISION APPLICATION.

The County Government Act, 1995, Section 542 (1) states the following:

A designated officer of the county may “enter such land or structure at any reasonable time, and carry out the inspection, enforcement or action authorized or required by the enactment or bylaw,”

IN ACCORDANCE WITH SECTION 542 (1) a OF THE COUNTY GOVERNMENT ACT, PLEASE COMPLETE THE FOLLOWING RIGHT OF ENTRY FORM AND SUBMIT WITH YOUR SUBDIVISION APPLICATION.

I do _____ or do not _____ give consent for an authorized person of the County of Northern Lights to enter the land subject to a subdivision application for the purpose of making a site inspection in order to evaluate the proposed subdivision application.

LEGAL DESCRIPTION OF THE LAND _____

NAME (Please Print) _____

SIGNED _____

DATE _____

*******RIGHT OF ENTRY*******

County of Northern Lights

600 7th Avenue NW, Box 10, Manning, AB T0H 2M0

Phone: (780) 836-3348 Fax (780) 836-3663

Date: _____

THE OWNER(S) HEREBY ACKNOWLEDGES THAT THIS SKETCH IS FOR THE PURPOSES OF PROCESSING A SUBDIVISION APPLICATION ONLY.

THIS SUBDIVISION SKETCH IS PREPARED WITH INFORMATION PROVIDED BY THE OWNER(S). ACCORDINGLY, THE COUNTY OF NORTHERN LIGHTS IS NOT RESPONSIBLE FOR THE ACCURACY OF THE SKETCH OR ANY OTHER INFORMATION CONTAINED HEREIN.

(Owner)

(Owner)

*****DISCLAIMER*****

RURAL SUBDIVISIONS

ADDITIONAL INFORMATION REQUIRED

PLEASE NOTE BELOW THE TYPE OF WATER SUPPLY AND SEWAGE DISPOSAL THAT IS EITHER EXISTING OR PROPOSED FOR THE LOTS INDICATED ON THE SKETCH ACCOMPANYING YOUR APPLICATION. (THE LOCATION OF THESE FACILITIES MUST BE ACCURATELY INDICATED ON THE SKETCH.)

| TYPE OF WATER SUPPLY | 1ST Parcel | 2ND Parcel | Balance of the ¼ |
|-----------------------------|----------------------------------|----------------------------------|-----------------------------|
| DUGOUT | | | |
| WELL | | | |
| CISTERN & HAULING | | | |
| COUNTY SERVICE | | | |
| OTHER (Please specify) | | | |

| TYPE OF SEWAGE DISPOSAL | 1ST Parcel | 2ND Parcel | Balance of the ¼ |
|--|----------------------------------|----------------------------------|-----------------------------|
| OPEN DISCHARGE/PUMPOUT (#257) | | | |
| SEPTIC TANK/HOLDING TANK (#254) | | | |
| TILEFIELD/EVAPORATION MOUND (#256) | | | |
| SEWAGE LAGOON (#258) | | | |
| COUNTY SERVICE | | | |
| OTHER (Please specify [i.e. cesspools] (#255)) | | | |

PLEASE INDICATE IF THE ABOVE EXISTS OR PROPOSED BY ENTERING AN E OR P IN THE APPROPRIATE COLUMN. (If unsure, please check with the local Health Unit or the Plumbing Inspection Branch).



APPLICANT STATEMENT REGARDING ABANDONED WELLS

In accordance with the Municipal Government Act Subdivision and Development Regulation

I, _____, registered owner (or
(Please Print)

their agent) of _____, have consulted the Energy
(Legal Land Description)

Resources Conservation Board (ERCB) Abandoned Well Map Viewer, and verified that **there are no abandoned wells** located the property subject to this application. A copy of the ERCB map showing the subject property is attached.

Signature of registered owner (or agent)

Date



APPLICANT STATEMENT REGARDING ABANDONED WELLS

In accordance with the Municipal Government Act Subdivision and Development Regulation

I, _____, registered owner (or
(Please Print)

their agent) of _____, have consulted the Energy
(Legal Land Description)

Resources Conservation Board (ERCB) Abandoned Well Map Viewer, and verified that **abandoned wells are located on the property** subject to this application. I have contacted the responsible licensee(s), and the exact well location(s) has/have been confirmed.

Additional information provided by the licensee(s) requiring a change in the setback area is attached:

- Yes
- Not applicable

In the event that construction activity occurs within the setback area of the abandoned well(s) as a result of development on the subject property, the abandoned well(s) will be temporarily marked with on-site identification to prevent contact during construction.

A copy of the ERCB map showing the subject property and a list identifying and locating the abandoned well(s) on the subject property are attached.

Signature of registered owner (or agent)

Date

NOTICE
Compliance Monitoring
Agencies Authorized by the Albert Safety Codes Authority to Issue Permits and Provide Compliance Monitoring
in Non-Accredited Municipalities

| Agency Name | Phone | Fax | Building Permits | Electrical Permits | Gas Permits | Plumbing Permits |
|---------------------------------------|----------------------------------|----------------------------------|-------------------------|---------------------------|--------------------|-------------------------|
| Canadian Safety Consulting | (780) 897-1998 1-877-780-7233 | (780) 539-7185 1-888-780-7232 | Yes | No | No | No |
| Superior Safety Codes Inc. (Edmonton) | (780) 489-4777 1-866-999-4777 | (780) 489-4711 1-866-900-4711 | Yes | Yes | Yes | Yes |
| The Inspections Group Inc. | (780) 454-5048 1-866-554-5048 | (780) 454-5222 1-866-454-5222 | Yes | Yes | Yes | Yes |

ALBERTA PRIVATE SEWAGE SYSTEMS STANDARDS (2015)

Clearance Requirements in METERS (Official measurements in metric)

| Distance From/To | Property Line | Water Source or Water Well | Municipal Water Well | Water Course * Article 2.1.2.4 | ** Building | Building with Basement, Cellar or Crawl Space | Building without Basement, Cellar or Crawl Space | Building with permanent foundation without basement, cellar or crawl space | Building without permanent foundation | Septic Tanks and/or Packaged Sewage Treatment Plants |
|---|---|-----------------------------------|-----------------------------|---------------------------------------|--|--|---|---|--|---|
| Holding Tanks | 1 m (3.25 ft) | 10 m (33 ft) | - | 10 m (33 ft) | 1 m (3.25 ft) | - | - | - | - | - |
| Septic Tanks | 1 m (3.25 ft) | 10 m (33 ft) | - | 10 m (33 ft) | 1 m (3.25 ft) | - | - | - | - | - |
| Packaged Sewage Treatment Plants | Refer to 2015 SOP 5.2.2 | - | - | - | - | - | - | - | - | - |
| Sand Filters | 1 m (3.25 ft) from foot of berm | 10 m (33 ft) | - | 10 m (33 ft) | 1 m (3.25 ft) | - | - | - | - | - |
| Gravel Filters | 3 m (10 ft) from foot of berm | 10 m (33 ft) | - | 10 m (33 ft) | Refer to 2015 SOP 5.4.2.1.1(d) and 5.4.2.1.2 | - | - | - | - | - |
| Effluent Tanks | 1 m (3.25 ft) | 10 m (33 ft) | - | 10 m (33 ft) | 1 m (3.25 ft) | - | - | - | - | - |
| Settling Tanks | Refer to 2015 SOP 6.2.2. (1),(2),(3), and (4) | 10 m (33 ft) | - | 10 m (33 ft) | 1 m (3.25 ft) | - | - | - | - | - |
| Lift Stations Refer to 2015 SOP 6.3.2.1.2 | 1 m (3.25 ft) | 10 m (33 ft) | - | 10 m (33 ft) | 1 m (3.25 ft) | | | | | |
| Treatment Fields | 1.5 m (5 ft) | 15 m (50 ft) | 100 m (330 ft) | * 15 m (50 ft) | - | 10 m (33 ft) | - | 5 m (17 ft) | 1 m (3.25 ft) | 5 m (17 ft) Refer to 2015 SOP 8.2.2.1.1(h) |
| Treatment Mounds | 3 m (10 ft) | 15 m (50 ft) | 100 m (330 ft) | * 15 m (50 ft) | - | 10 m (33 ft) | 10 m (33 ft) | - | | 3 m (10 ft) Refer to 2015 SOP 8.4.2.1(e) |
| Drip Dispersal and Irrigation | 1.5 m (5 ft) | 15 m (50 ft) | 100 m (330 ft) | * 15 m (50 ft) | - | Refer to 2015 SOP 8.5.2.1(e) | - | Refer to 2015 SOP 8.5.2.1(g) | 1 m (3.25 ft) | Refer to 2015 SOP 8.5.2.1(h) |
| LFH At-grade Treatment Systems | Refer to 2015 SOP 8.6.2.1.1(d) and 8.6.2.1.1(e) | 15 m (50 ft) | 100 m (330 ft) | * 15 m (50 ft) | 10 m (33 ft) | - | - | - | - | Refer to 2015 SOP 8.6.2.1.1(f) |
| Open Discharge Systems | 90 m (300 ft) | 50 m (165 ft) | 100 m (330 ft) | * 45 m (150 ft) | 45 m (150 ft) | - | - | - | - | - |

| <i>Distance From/To</i> | <i>Property Line</i> | <i>Water Source or Water Well</i> | <i>Municipal Water Well</i> | <i>Water Course * Article 2.1.2.4</i> | <i>** Building</i> | <i>Building with Basement, Cellar or Crawl Space</i> | <i>Building without Basement, Cellar or Crawl Space</i> | <i>Building with permanent foundation without basement, cellar or crawl space</i> | <i>Building without permanent foundation</i> | <i>Septic Tanks and/or Packaged Sewage Treatment Plants</i> |
|---|---|-----------------------------------|-----------------------------|---------------------------------------|----------------------------|--|---|---|--|---|
| <i>Lagoon serving a single family dwelling or duplex</i> | 30 m (100 ft) | 100 m (330 ft) | 100 m (330 ft) | 90 m (300 ft) | 45 m (150 ft) | - | - | - | - | - |
| <i>Lagoon serving other than a single family dwelling or duplex</i> | 30 m (100 ft) 90 m (300 ft) from a numbered primary or secondary road | 100 m (330 ft) | - | 90 m (300 ft) | 90 m (300 ft) | - | - | - | - | - |
| <i>Privies-Earthen</i> | 5 m (17 ft) | 15 m (50 ft) | - | * 15 m (50 ft) | Refer to 2015 SOP 10.1.2.1 | - | - | - | - | - |
| <i>Privies-Tank</i> | Refer to 2015 SOP 10.1.2.1 | 10 m (33 ft) | - | 10 m (33 ft) | Refer to 2015 SOP 10.1.2.1 | - | - | - | - | - |

Please reference the Alberta Private Sewage Systems Standard of Practice 2015 for complete design, installation, and material requirements. For more information contact your local Authorized Agencies or Safety Services via telephone at 1-866-421-6969; or via e-mail at safety.services@gov.ab.ca

*** Article 2.1.2.4 Separation from Specific Surface Waters**

- 1) The soil-based treatment component of an on-site wastewater treatment system shall be located not less than 90 m (300 ft.) from the shore of a lake, river, stream, or creek.
- 2) Notwithstanding the requirements of Sentence (1), where a principal building or other development feature is situated between the soil-based treatment component and a lake, river, stream, or creek, such that a failure of the system causing effluent on the ground surface will be obvious and create an undesirable impact own the owner, the distance may be reduced to the minimum distance requirements set out in this Standard for the particular type of treatment system being used.

**** Building** means any structure used or intended for supporting or sheltering any use or occupancy that is subject to the Alberta Building Code requirements.

NOTICE TO RESIDENTS WHO LIVE WITHIN THE GRIMSHAW GRAVELS AQUIFER

The Grimshaw Gravels Aquifer Management Advisory Association is inviting residents who live within the Grimshaw Gravels Aquifer, and have private working wells, to participate in an ongoing water quality monitoring program. Participants are requested to test your water well up to twice per year and forward the data sheet, along with your well depth, to the M.D. of Peace No. 135 office in Berwyn. The purpose of this program is to ensure the long-term health of our Aquifer. Testing bottles can be picked up at the Public Health Office in Peace River or Fairview. If you require more information please contact M.D. of Peace office at 780-338-3845 or email mdpeace@wispernet.ca.