DEVELOPMENT PERMIT APPLICATION
FORM A

"An Agriculture Based Community"

FOR ADMINISTRATIVE USE
APPLICATION NO.
DATE RECEIVED
ROLL NO.

County of Northern Lights, # 600, 7th Ave. NW Box 10, Manning, AB, T0H 2M0
W: www.countyofnorthernlights.com | E: development@countyofnorthernlights.com | T: (780) 836-3348 | F: (780) 836-3663

I / We hereby make application under the provisions of the Land Use Bylaw for a Development Permit in accordance with the plans and supporting information submitted herewith and form part of this application. I / We understand that this application will not be accepted without the following:

(a) application fee;
(b) site plan sketch that includes all relevant detail to the proposed development (e.g.: proposed and existing structures, property lines, creeks/ravines, parking and vehicle access, building plans, etc.)

APPLICANT INFORMATION			COMPLETE IF DIFFERENT FROM APPLICANT		
NAME OF APPLICANT			NAME OF REGISTERED OWNER		
ADDRESS			ADDRESS		
POSTAL CODE			POSTAL CODE		
EMAIL ADDRESS*			EMAIL ADDRESS*		
*By supplying the County with an email address, you agree to receive correspondence by email.					
PHONE (CELL)	PHONE (RES)	PHONE (BUS)	PHONE (CELL)	PHONE (RES)	PHONE (BUS)

LAND INFORMATION

Municipal Address (if applicable): _____

Legal description (if applicable): Registered Plan: _____Block: _____Lot (parcel): _____

QTR/LS: _____Section: _____Township: _____Range: _____ Meridian: _____

Size of the Parcel to be developed _____ ☐Acres or ☐Hectares

Description of the existing use of the land: _____

_____

Proposed Development: _____

_____

_____

Circle any proposed uses(s):

☐SIGN(S)	☐CULVERT(S)/ ROAD ACCESS POINT(S)	☐PUBLIC USE(S)/ UTILITIES
☐DWELLING UNIT(S)	☐ACCESSORY STRUCTURE(S)/ USE(S)	☐SHED/GARAGE/BARN(S)
☐HOME BASED BUSINESS	☐COMMERCIAL OR INDUSTRIAL STRUCTURE(S)/ USES(S)	☐OTHER (SPECIFY)

Estimated:	Date of Commencement: _____	Date of Completion: _____	Value of Construction: $_____

PROPOSAL INFORMATION

DEVELOPMENT IS: ☐ NEW ☐ EXISTING ☐ ALTERATION TO EXISTING

LAND IS ADJACENT TO: ☐PRIMARY HIGHWAY ☐LOCAL ROAD ☐INTERNAL SUBDIVISION ROAD ☐OTHER

LOT AREA: _____ LOT WIDTH: _____ LOT LENGTH: _____ PERCENTAGE OF LOT OCCUPIED: ____%

PRINCIPAL BUILDING SETBACK: FRONT: _____ REAR: _____ SIDES: _____/_____ HEIGHT _____

ACCESSORY BUILDING SETBACK: FRONT: _____ REAR: _____ SIDES: _____/_____ HEIGHT _____

ADDITIONAL INFORMATION INCLUDED

☐ SITE PLAN ☐ FLOOR PLAN ☐ LAND TITLE ☐ ABANDONED OIL WELL DECLARTION SIGNED

☐ ALBERTA NEW HOME WARRANTY / OR PROOF OF EXEMPTION ☐ DISTANCE TO ROAD / HIGHWAY _____

ADDITIONAL INFORMATION AS REQUIRED:

☐ ELEVATIONS ☐ SOIL TESTS ☐ HOURS OF OPERATION _____

☐ NUMBER OF DWELLING UNITS _____ ☐ NUMBER OF EMPLOYEES _____

☐ PROPOSED BUSINESS ACTIVITIES _____

_____

☐ LANDOWNER LETTER OF AUTHORIZATION ☐ ADJACENT LANDOWNER LETTERS OF SUPPORT

MANUFACTURED HOME (MOBILE HOME)

SERIAL NUMBER: _____ YEAR BUILT: _____ | SIZE: WIDTH _____ LENGTH_____

DECLARATION

I/WE HEREBY AUTHORIZE REPRESENTATIVES OF THE COUNTY TO ENTER MY/OUR LAND FOR THE PURPOSE OF CONDUCTING A SITE INSPECTION IN CONNECTION WITH THIS APPLICATION

I/WE HEREBY DECLARE THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY/OUR KNOWLEDGE, FACTUAL AND CORRECT

_____ _____
Date SIGNATURE OF APPLICANT

NOTE:
Signature of Registered Landowner required if different from Applicant

_____ _____
Date SIGNATURE OF REGISTERED LANDOWNER / LEASEHOLDER

FOR ADMINISTRATIVE USE

LAND USE DISTRICT: _____

FEE ENCLOSED: YES ☐ NO ☐ AMOUNT: $ _____ RECEIPT NO.: _____

DEFINED USE: _____

PERMITTED/DISCRETIONARY: _____

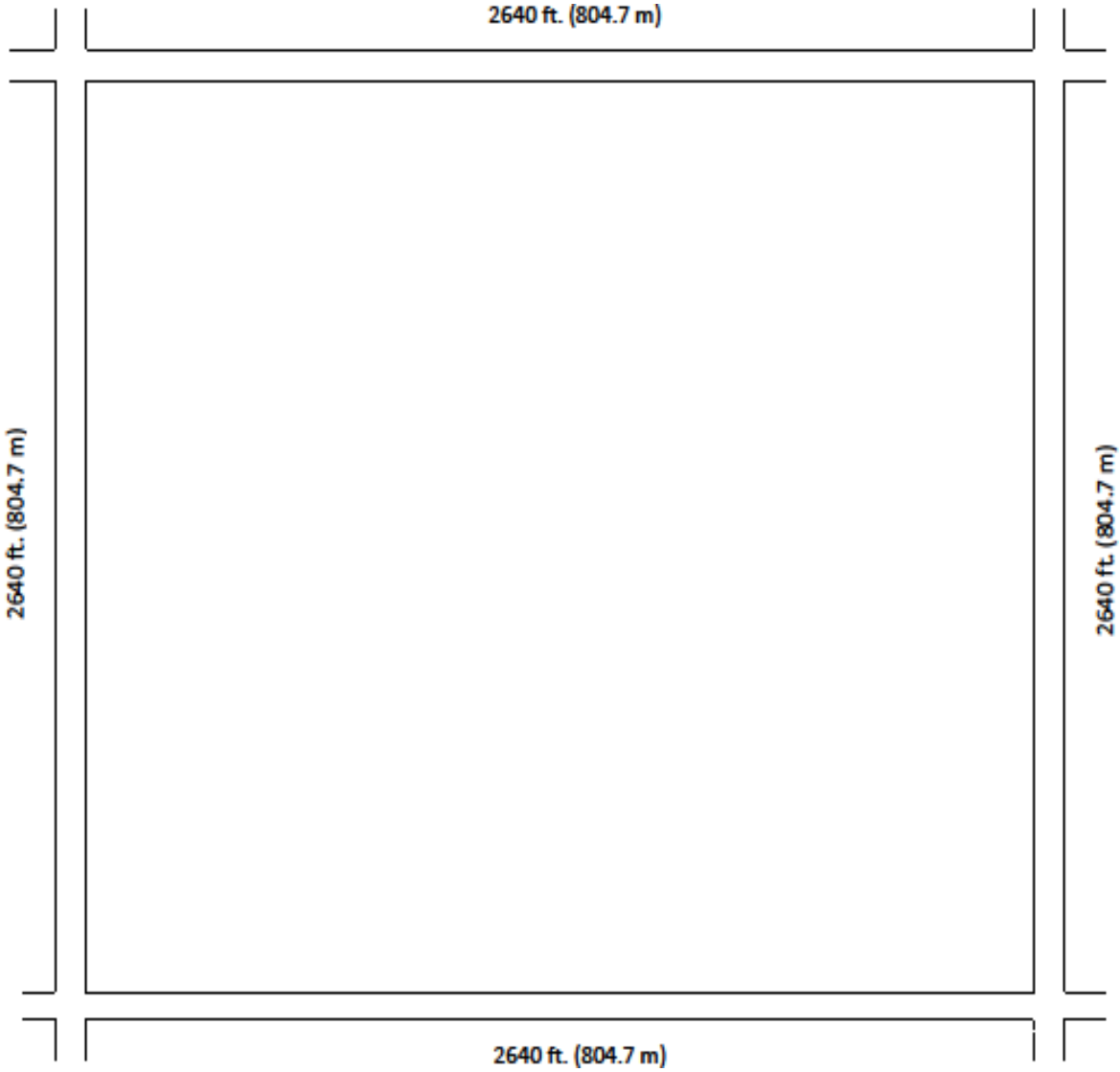
VARIANCE: _____

PROPOSED DEVELOPMENT SKETCH

LEGAL_____¼ SEC_____TWP_____RG_____W_____M

- ☐ Parcel Boundaries/dimensions (feet, meters, 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 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



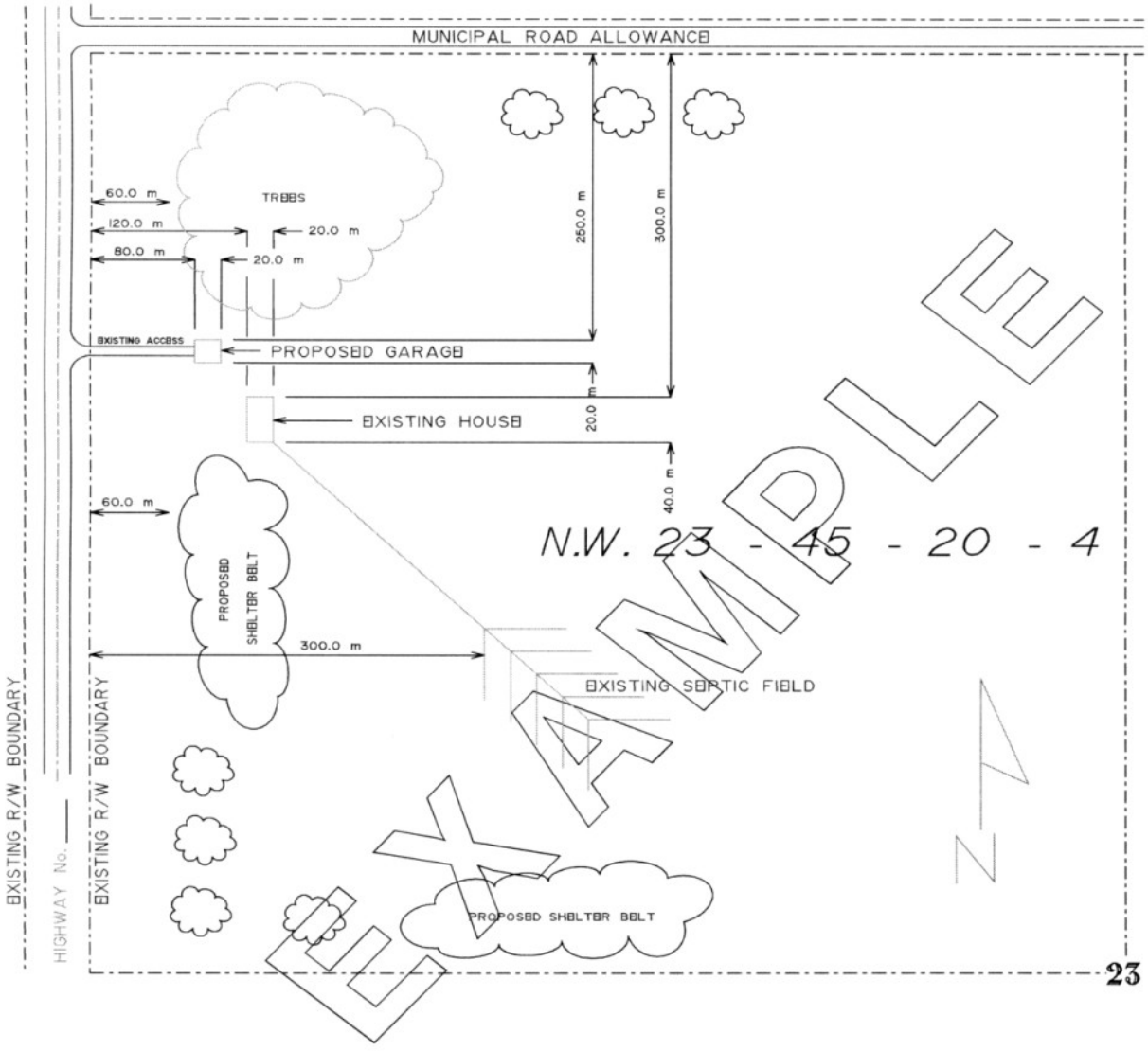
SAMPLE DEVELOPMENT SKETCH

THIS SITE PLAN REPRESENTS ONE QUARTER SECTION OF LAND. PLEASE PROVIDE FOLLOWING INFORMATION IN REGARD TO THE PROPOSED DEVELOPMENT SITE:

1. ALL EXISTING ROADS AND APPROACHES THAT WILL SERVICE THE PROPOSED DEVELOPMENT.

2. PROPOSED DISTANCES OF DEVELOPMENT WITH REGARDS TO PROPERTY LINES, PUBLIC ROADWAYS, WATERCOURSES, ETC.

3. ILLUSTRATE THE LOCATION OF: WATER/SEWER, POWER, TREES, CULTIVATED LANDS, EXISTING BUILDINGS, WATERCOURSES (FROM TOP OF BANK) AND PROPOSED PARKING.



**********SAMPLE SITE PLAN ONLY**********

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 DEVELOPMENT APPLICATION ONLY.

THIS DEVELOPMENT 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.

_____
(Applicant)

_____
(Owner/Leaseholder)

_____
(Owner/Leaseholder)

**********DISCLAIMER**********

County of Northern Lights

 # 600 7th Avenue NW, Box 10, Manning, AB T0H 2M0 Phone: (780) 836-3348 Fax (780) 836-3663

ADDITIONAL DEVELOPMENT INFORMATION

PLEASE INDICATE BELOW THE METHOD OF SEWAGE DISPOSAL AND TYPE OF DOMESTIC WATER SUPPLY TO BE USED IN RELATION TO YOUR DEVELOPMENT APPLICATION. PLEASE INDICATE ON THE SITE PLAN THE PROPOSED LOCATION AND DISTANCES OF YOUR WATER SUPPLY AND SEWAGE DISPOSAL FROM ALL PROPERTY LINES AND RESIDENCE.

TYPE OF DOMESTIC WATER SUPPLY (PLEASE CHECK)

- _____*DUGOUT*
- __*WELL*
- __*CISTERN AND HAULING SERVICE*
- __*COMMUNITY WELL/MUNICIPAL SERVICE*
- __*OTHER (PLEASE SPECIFY)*

TYPE OF DOMESTIC/COMMERCIAL SEWAGE DISPOSAL (PLEASE CHECK)

- __*OPEN DISCHARGE/APPROVED SEPTIC TANK*
- __*SUB-SURFACE DISPOSAL/APPROVED SEPTIC TANK*
- __*ABOVE GROUND MOUND/APPROVED SEPTIC TANK*
- __*APPROVED SEWAGE LAGOON*
- __*OUTDOOR PRIVY*
- __*MUNICIPAL SERVICE*
- __*OTHER (PLEASE SPECIFY)*

PLEASE INDICATE IF THE ABOVE INFORMATIN IS:

a) EXISTING
b) PROPOSED

FOR ADDITIONAL INFORMATION CONTACT:

MUNICIPAL AFFAIRS AND HOUSING, Public Safety Department
PEACE RIVER, AB
PHONE: 1-866-421-6929

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 DEVELOPMENT 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 DEVELOPMENT 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 development application for the purpose of making a site inspection in order to evaluate the proposed development application.

LEGAL DESCRIPTION OF THE LAND _____

NAME (Please Print) _____

SIGNED _____

DATE _____

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

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 (2021)

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 SOP8.2.2.1.1(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)	-	-	-	-	-

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*
Lagoon serving a single family dwelling or duplex	30 m (100 ft)	100 m (330 ft)	100 m (330 ft)	90 m (300 ft)	45 m (150 ft)	-	-	-	-	-
Lagoon serving other than a single family dwelling or duplex	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)	-	-	-	-	-
Privies-Earthen	5 m (17 ft)	15 m (50 ft)	-	* 15 m (50 ft)	Refer to 2015 SOP 10.1.2.1	-	-	-	-	-
Privies-Tank	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 2021 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 info@mdpeace.com

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