

TOWN OF KILLAM

4923 50 St.
Box 189
Killam AB T0B 2L0
TELEPHONE 780-385-3977

APPLICATION FOR SUBDIVISION APPROVAL

File # _____ Date Received: _____
Fees Received: _____ Registered Plan # _____

REGISTERED OWNER 780

Name(s): _____
Number of owner(s): _____ If more than one owner, contact name: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Telephone: _____ Fax: _____
E-mail: _____

LEGAL DESCRIPTION OF LAND TO BE SUBDIVIDED

Quarter _____ Section _____ Township _____ Range _____ Meridian _____
Lot _____ Block _____ Plan _____
Rural **OR** Municipal Address if any _____
Area of current title: _____ acre/ha^(circle one) Area of lot(s) to be created: _____ acre/ha^(circle one)

LOCATION AND PRESENT USE

Name of Municipality _____
If the land is immediately adjacent to a municipal boundary, give name of the other municipality _____
If the land is within a mile (1.6km or 2 quarter sections) of a Highway or secondary HWY, give its number _____
If the proposed parcel is within 1.6km (one mile) of a sour gas facility, give its location _____
If the proposed parcel contains or is bounded by a river, stream, lake or other water body, or by a drainage ditch or canal, give its name _____
Present land classification (zoning or district) _____

PROPOSED SUBDIVISION

Describe the proposed subdivision _____

Number of lots to be created _____
Describe any existing buildings On the proposed parcel(s) _____

List all utility services available (water, sewer, gas, power, etc) _____
Describe the soil, slope and vegetation _____

Describe the present sewage disposal system and indicate its location on a sketch _____

