TOWN OF KILLAM

4923 50 St. Box 189 KIllam AB TOB 2L0 TELEPHONE 780-385-3977

APPLICATION FOR SUBDIVISION APPROVAL

File #Fees Received:				Date Received:Registered Plan #		
REGISTERED OV				rtogiotoroa r iair		
Name(s):						
Address: Postal Code: Telephone:_						
E-mail:						
LEGAL DESCRIP						
			-	_	_ Meridian	
Area of current titl					acre/ha ^(circle one)	
LOCATION AND	PRESENT USE					
Name of Municipa	ality					
If the land is imme boundary, give na						
If the land is within of a Highway or se						
If the proposed pa of a sour gas facil			ile)			
If the proposed pa a river, stream, lal by a drainage ditc	ke or other water	r body, or	by			
Present land class	sification (zoning	or district)				
PROPOSED SUB	BDIVISION					
Describe the prop	osed subdivisior	า				
Number of lots to	be created					
Describe any exis On the proposed p						
List all utility servi (water, sewer, gas						
Describe the soil, slope and vegetation						
Describe the pres						

OWNER'S APPLICATION AND CONSENT

- 1. I am the registered owner of the property as noted.
- 2. I am applying for approval to subdivide the property as noted.
- **3.** The information 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.
- **4.** I consent to staff of the Agency, municipality and referral agencies to enter the above noted lands to conduct a site inspection.
- **5.** I acknowledge the Decision Time Limit of **60 days**: Under S. 6(b) of the ALBERTA REGULATION 43/2002, SUBDIVISION AND DEVELOPMENT REGULATION
- **6.** The information on this form may be released under S.653 of the Municipal Government Act or successor legislation.
- **7.** (*Optional*) I nominate the person noted below to act as my agent in processing the application.
- 8. The personal information provided by you is being collected under the authority of the Municipal Government Act RSA 2000 chapter M-26 and will be used for the purposes under that Act. The personal information that you provide may be made public, subject to the provisions of the Freedom of Information and Protection of Privacy Act.
- 9. I accept that all fees are NON-REFUNDABLE!

Printed Name of Owner	Signature of Owner	Date
OWNER'S AGENT (<u>If applied</u> Name:		
Address:	City:	Province:
Postal Code: Tel	ephone:	Fax:
E-mail:		
Signature of Owner's Agent:		Date:
	Fee Schedule	
<u>Initial Subdiv</u>	rision Application Fees (due at the time of	application):
Three (3) lots or less per application:		\$1050.00 plus \$100 per new lot created
Four (4) lots or more per application:		\$1100.00 plus \$200 per new lot created
Lot-line adjustment where no new parcels a	re created	\$1000.00
Time extension of subdivision approval (first	t)	\$250.00
Time extension of subdivision approval (seco	ond or additional)	\$300.00
Endorsement Fees (due at the time of plan	endorsement):	
Three (3) lots or less per application:		\$100.00 per new lot plus remainder
Four (4) lots or more per application: (Remnant parcels and bare land condomini	um units are included. Roads, reserve lots	\$200.00 per new lot plus remainder and public utility lots are excluded)
Lot-line adjustment application:		\$100.00
Other Applications: Separation of title (flat fee)		\$800.00
Condominium Unit Conversion (buildings on (Section 75 of the Condominium Property R	* *	\$40 per unit

NOTE: A DETAILED SKETCH OF THE PROPOSED LOT MUST BE SUBMITTED ALONG WITH THE APPROPRIATE FEES FOR THE APPLICATION. WITHOUT THE DRAWING AND THE APPROPRIATE FEES (CASH & CHEQUES ONLY), THE APPLICATION CANNOT BE

PROCESSED.

DRAWING ENCLOSED