

APPLICATION FOR SUBDIVISION

Development Officer: Paul Hanlan

Phone (780) 994-1883 Email: development@onoway.ca

Mailing Address: Box 540 Onoway, AB T0E-1V0 Website: www.onoway.ca

		FOR OF	FICE	USE	ONLY			
AF	PLICA	ATION FOR SUBDIVISION APPROVAL	Date of	receipt of 0	Completed	Fees Submitted:		
		By descriptive plan	Form:					
		By plan of subdivision						
		By other instrument	FILE N	UMBER:				
De	signate	ed use of the land as classified under the L	and Use I	Bylaw				
THIS	S FORM	M IS TO BE COMPLETED IN FULL WHEREVE BJECT OF THE APPLICATION OR BY A PER	ER APPLIC SON AUTI	CABLE BY HORIZED T	THE REGISTERE O ACT ON THE	ED OWNER(S) OF THE LAND THAT REGISTERED OWNER'S BEHALF.		
1.	Nam	ne of registered owner(s) of land to be subdivide	d	Address:				
				Postal Co	de:			
				Phone No	.:			
				E-Mail:				
2.		ne of registered owner(s) of land to be subdivide	d :					
				Phone No	.:			
3.	All/pa Bein ARE	art: of the	/p block HA. AR	; range l	ot C.0 osed parcel	O.T.NoHA.		
4.	b.	Is the land situated within 0.8 km (0.5 miles) of the right-of-way of a highway? If "yes", the Highway is No. Is the land situated within 0.8 km (0.5 miles) of a river, stream, watercourse, lake or other permanent body of water, or a canal or drainage ditch? Yes No						
			EXISTING AND PROPOSED USE OF LAND TO BE SUBDIVIDED [Describe] a. Existing use of the land					
5.				=	=			
5.	a.	Existing use of the land						
5.								

6.	PHYS	Describe the nature of the topography of the land (flat, rolling, steep, mixed): Describe the nature of the vegetation and water on the land (brush, shrubs, tree stands, woodlots, etc sloughs, creeks, etc.): Describe the kind of soil on the land (sandy, loam, clay,						
	b.							
	C.							
7.	Desc	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:						
8.	REGISTERED OWNER OR PERSON ACTING ON THE REGISTERED OWNER'S BEHALF							
	inforn							
	SIGN	IED:	DATE:					
REGI	STERI	ED OWNER OR PERSON ACTING ON T	THE REGISTERED OWNER'S.					
	inforn		hereby certify that I (we) ✓ whichever applies am (are) the registered owner(s) am (are) authorized to act on behalf of the registered owner(s) and that the and is, to the best of my knowledge, a true statement of the facts relating to this					
	SIGN	IED:	DATE:					
FURT	ΓHER Ι	NFORMATION MAY BE PROVIDED IN	THE SPACE PROVIDED BELOW.					

Personal information collected on this form is collected for municipal financial operations subject to Section 33(c) of the Freedom of Information Protection of Privacy Act. Should you have any questions regarding the information collected on this form you may contact the FOIP Coordinator's Office.

Town of Onoway, Box 540 Onoway, AB T0E-1V0 Town Office: 4812-51 Street P: 780-967-5338 E-mail: info@onoway.ca