

Subdivision Application

Project Address**Subdivision by**☐ Plan ☐ Instrument**Applicant / Authorized Agent**Name
Address
City
Phone
Email**Property Owner**☐ Same as ApplicantName
Address
City
Phone
Email

Legal Description

☐ All

Plan

Block

Lot

of

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or

1/4

Sec.

Twp.

Rge.

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West of the 4th meridian☐ Part

Location of Land to be Subdivided

Is the land in the municipality of the City of Medicine Hat? ☐ YES ☐ NOIs the land immediately adjacent to a municipal boundary? ☐ YES ☐ NO

If 'YES', the adjoining municipality is: _____

Is the land within 1.6 kilometers of the right-of-way of a highway? ☐ YES ☐ NO

If 'YES', the highway is No.: _____

Does the land contain or is it adjacent to a body of water or by a drainage ditch or canal? ☐ YES ☐ NO

If 'YES', state its name _____

Is the land within 1.5km of a sour gas facility? ☐ YES ☐ NOIs the land within 300m of a wastewater treatment, landfill, or waste site? ☐ YES ☐ NOIs the land located within a flood hazard area? ☐ YES ☐ NO

Existing and Proposed Use of Land to be Subdivided

Existing use of land: _____

Proposed use of land use of land: _____

Area of land to be subdivided (ha): _____

The designated land use district(s) of the land: _____

Physical Characteristics of Land to be Subdivided

Describe the nature of the topography (flat, rolling, steep, mixed, etc.): _____

Describe the nature of the vegetation and water (brush, trees, sloughs, creek, etc.): _____

Describe the kind of soil (sandy, loam, clay, etc.): _____

Existing Buildings on the Land to be Subdivided

Describe any buildings and structures on the land to be demolished or moved:

Water and Sewer Services

What manner of water distribution and wastewater collection will be utilized for the proposed subdivision?

City of Medicine Hat water/sewer

Other

Abandoned Well Confirmation

A map of the subject lands showing the presence or absence of abandoned wells from the Alberta Energy Regulator (AER) must be submitted as part of this application. <https://maps.aer.ca/awm/index.html>

Does an abandoned oil or gas well exist within 25m of the subject lands as shown on the submitted map? ☐ **YES** ☐ **NO**

☐ **If 'NO'**, I have reviewed information provided by the Alberta Energy Regulator (AER) as set out in the AER Directive 079, Surface Development in Proximity to Abandoned Wells, and declare that the information shows the absence of any abandoned wells within the site of proposed subdivision.

☐ **If 'YES'**, I have reviewed information provided by the Alberta Energy Regulator (AER) as set out in the AER Directive 079, Surface Development in Proximity to Abandoned Wells, and declare that the licensee(s) responsible for all abandoned wells within the proposed subdivision has been contacted and exact well location determined in order to have the Abandoned Well Locating and Testing Protocol completed in accordance with the AER Directive 079.

AER (ERCB) License	Licensee Name	Licensed Surface Location	Contact Person Name	Phone Number	Email Address

Registered Owner or Person

I

 (full name) hereby certify that:

☐ I am the registered owner, or

☐ I am the agent authorized to act on behalf of the registered owner

and that the information given 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.

Signature:

Date:

Any personal information collected on this form is collected under the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits and planning and development purposes. Please note that such information may be made public. If you have any questions about the collection, use, or disclosure of the personal information provided, please contact the City of Medicine Hat FOIP head at 403-529-8234.

Subdivision Application Checklist

The following information is required for a complete subdivision application. Additional information may be required if necessary by the Subdivision Authority.

Required Item

Required Details

- | | |
|--|--|
| <input type="checkbox"/> 1. Application Form | <ul style="list-style-type: none">• Completed application form |
| <input type="checkbox"/> 2. Proposed Subdivision
Plan (11x17) | <p>The plan must clearly include the following:</p> <ul style="list-style-type: none">• Locations, dimensions, areas, and boundaries of:<ul style="list-style-type: none">○ The land to be subdivided○ Each new lot to be created○ Reserve land, if any○ Rights-of-way / easements, if any○ All buildings on the land and specifying those buildings that are proposed to be demolished or moved, if any○ Flood fringe or floodway, if any• Location and name of:<ul style="list-style-type: none">○ Railways or spur tracks, if any○ Bodies of water, if any○ Existing and proposed roads, lanes, and accesses• The use or uses proposed for the land to be subdivided• North arrow• Scale• Municipal address and legal address• Abandoned wells, if any• Any other additional information requested by Planning and Development Services |
| <input type="checkbox"/> 3. AER Abandoned Wells
Map | <ul style="list-style-type: none">• A map of the subject lands showing the presence or absence of abandoned wells from the Alberta Energy Regulator (AER)
https://maps.aer.ca/awm/index.html |
| <input type="checkbox"/> 4. Certificate of Title(s) | <ul style="list-style-type: none">• Copy of the Certificate of Title no less than 90 days old |
| <input type="checkbox"/> 5. Registered Documents | <ul style="list-style-type: none">• Copy of any Restrictive Covenants, Utility Rights-of-Ways, Easements, or City Caveats registered on the Title(s) |

FEE

A fee slip or invoice will be emailed to the applicant once application intake has been completed.

Complete form and email to: pbe@medicinehat.ca