

COUNTY OF ST. PAUL REZONING APPLICATION

Name of Applicant: Hahn Weld 2 or Field Services LTD. Email: hahnweld2@telus.net

Mailing Address: Box 586 TOA-1A0

Telephone (Home): 780-724-3166 (Business): 780-614-0909 (Fax): 780-724-3244

Registered Owner (if not applicant): SAME AS ABOVE.

Mailing Address: _____

Telephone (Home): _____ (Business): _____ (Fax): _____

1. LEGAL DESCRIPTION OF LAND TO BE SUBDIVIDED:

- a) All / part of the NE $\frac{1}{4}$ 4 section 57 township 7 range W4M
- b) Being all / parts of Lot 1 Block 1 Registered Plan 1321865
- c) Total area of the above parcel of land to be rezoned is 4.3 acres _____ (hectares)

2. ZONING INFORMATION:

- a) Current Zoning as per the Land Use Bylaw 2013-~~50~~: AG.
- b) Desired Zoning as per the Land Use Bylaw 2013-~~50~~: IC.
- c) Proposed use as per the Land Use Bylaw 2013-~~50~~: IC.
- d) Is the proposed use a permitted or discretionary use: PERMITTED USE
- e) Is the proposed parcel located within an Area Structure Plan or Inter-municipal Development Plan? NO
- f) Information in support of the rezoning:

- EXISTING WEIGHT STOP SINCE 2008.
- WANT TO EXPAND

3. LOCATION OF LAND TO BE REZONED:

a) Is the land situated immediately adjacent to the municipal boundary? Yes _____ No

If "yes", the adjoining municipality is _____

b) Is the land situated within 0.8 kilometres of the right-of-way of a highway? Yes _____ No

If "yes" the highway is No. _____

c) Does the proposed parcel contain or is it bounded by a river, stream, lake or body of water, or by a canal or drainage ditch? Yes _____ No

If "yes", state its name _____

d) Are there any oil/gas wells on or within 100 metres of the subject property(s)? Yes _____ No

e) Is the proposed parcel within 1.5 kilometres of a sour gas facility? Yes _____ No

i) Is the sour gas facility active, abandoned, or currently being reclaimed? _____

g) Is there an abandoned oil or gas well or pipeline on the property? Yes _____ No

***For a listing of EUB wells in a specific area, contact the Information Services Group at the EUB (403) 297-8190.**

h) Is the proposed parcel within 1.5 km of a Confined Feeding Operation? Yes _____ No

ii) Does the proposed parcel contain a slope greater than 15% Yes _____ No

4. PHYSICAL CHARACTERISTICS OF LAND TO BE SUBDIVIDED:

a) Describe the nature of the topography of the land (flat, rolling, steep, mixed) FLAT

b) Describe the nature of the vegetation & water on the land (brush, shrubs, tree stands, sloughs, creeks, etc.)
CLEARED + GRAVELLED

5. WATER SERVICES:

a) Existing Source of Water: WELL

b) Proposed water source (if not rezoning parcel in its entirety).

- Proposed water supply to new lots by a licensed (surface) water distribution system;
- Proposed water supply to new lots by cistern and hauling;
- Proposed water supply to new lots by individual water wells.

6. SEWER SERVICES:

- a) Existing sewage disposal: HOLDING TANK
- b) Proposed sewage disposal: _____

An existing sewage system must comply with the above setbacks (existing and/or proposed).

	Property Line	Water Source	Building	Septic Tank	Basement	Water Course
Holding Tanks	1 metre	10 metres	1 metre			10 metres
Treatment Mound	3 metres	15 metres	10 metres	3 metres	10 metres	15 metres
Field System	1.5 metres	15 metres	10 metres	5 metres	10 metres	15 metres
Open Discharge	90 metres	50 metres	45 metres			45 metres
Lagoons	30 metres	100 metres	45 metres			90 metres
Packaged Sewage Treatment Plants	6 metres	10 metres	1 metre			10 metres

The personal information provided will be used to process the Subdivision Application is collected under the authority of Section 642 of the Municipal Government Act. Personal information you provide may be made public pursuant to the provisions of the Freedom of Information and Protection of Privacy (FOIP) Act, including Section 39 through 42 therein. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator of the County of St. Paul at 780.645.3301.

REGISTERED OWNER OR PERSON ACTING ON BEHALF:

I, George Hall hereby certify that (check one):

- I am the registered owner; or
- I am 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 rezoning.

Agent Signature

Date

MAR 24/14

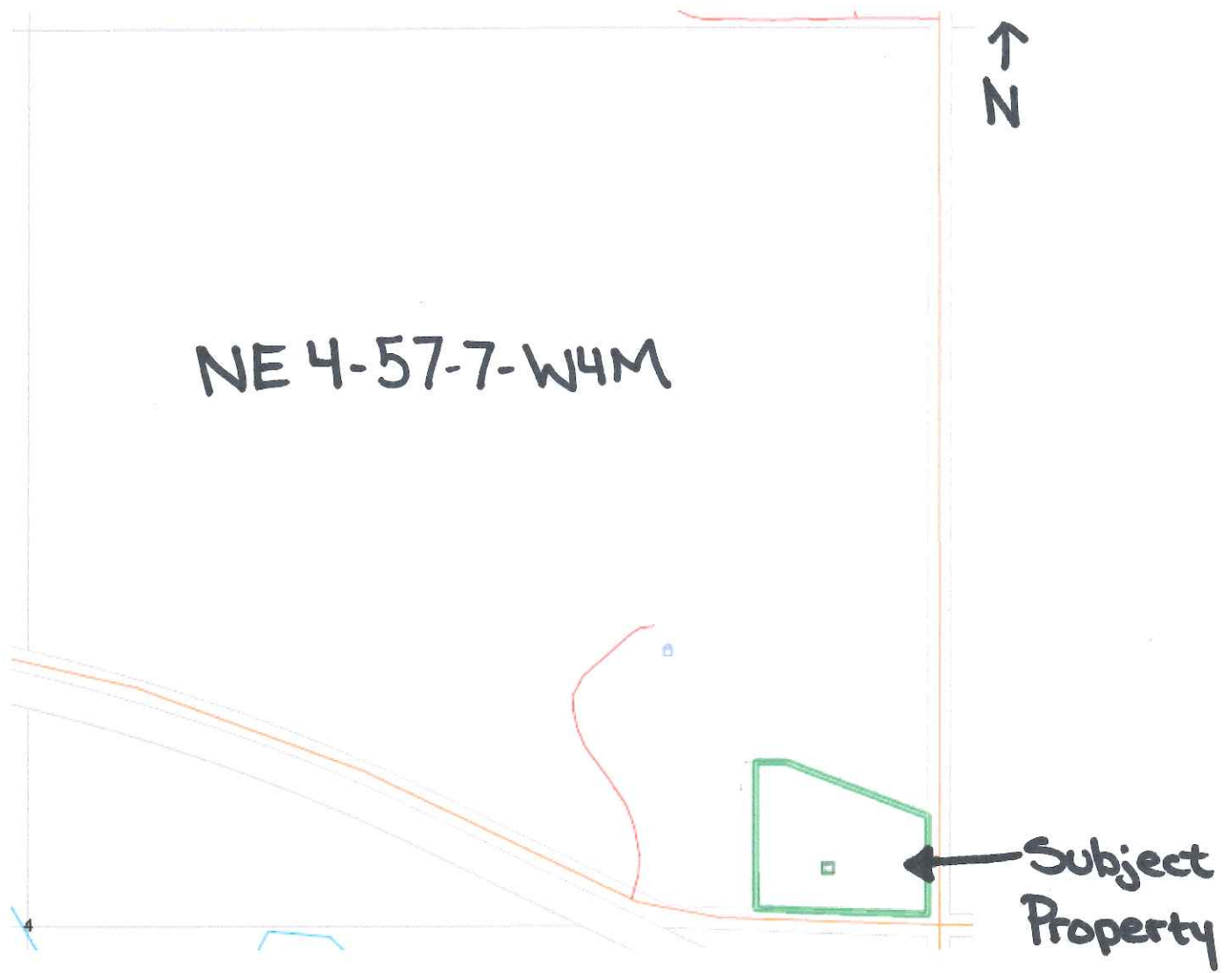
Owner Signature

Date

MAR 24/14

Owner Signature

Date



General Location Map

