

COUNTY OF ST. PAUL REZONING APPLICATION

Name of Applicant: Shamrock Valley Ent. Ltd Email: mnielsen@shamrockvalley.ca

Mailing Address: Box 505, Elk Point, AB T0A1A0

Telephone (Home): 780-645-8356 (Business): 780-724-3177 (Fax): _____
cell - Murray Nielsen

Registered Owner (if not applicant): _____

Mailing Address: _____

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

1. LEGAL DESCRIPTION OF LAND TO BE REZONED:

Roll 7625701

- a) All part of the NE $\frac{1}{4}$ 25 section 56 township 7 range W4M
- b) Being all / parts of Lot _____ Block _____ Registered Plan _____
- c) Total area of the above parcel of land to be rezoned is 22.07 acres _____ (hectares)

2. ZONING INFORMATION:

- a) Current Zoning as per the Land Use Bylaw 2013-50: Agriculture
- b) Desired Zoning as per the Land Use Bylaw 2013-50: Industrial Commercial
- c) Proposed use as per the Land Use Bylaw 2013-50: Industrial, Medium Storage and Repair Shops
Truck + Equipment
- d) Is the proposed use a permitted or discretionary use: Discretionary
- e) Is the proposed parcel located within an Area Structure Plan or Inter-municipal Development Plan? _____
- f) Information in support of the rezoning:
Expand existing earth work company

3. LOCATION OF LAND TO BE REZONED:

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

If "yes", the adjoining municipality is _____

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

If "yes" the highway is No. Hwy 41

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 X

If "yes", state its name _____

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

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

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 X 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 X

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

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.)

most land open/cleared with some trees

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:

No change

- a) Existing sewage disposal: Pumpout
- b) Proposed sewage disposal: _____

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

Already approved by County.

	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

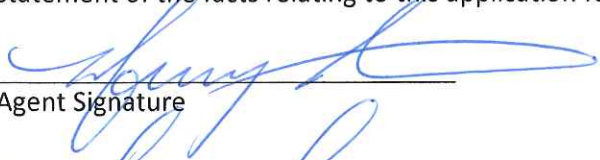
The personal information provided will be used to process the Rezoning Application is collected under the authority of Section 642 of the Municipal Government Act. Personal information you provide may be made public pursuant to the provisions of the Freedom of Information and Protection of Privacy (FOIP) 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:

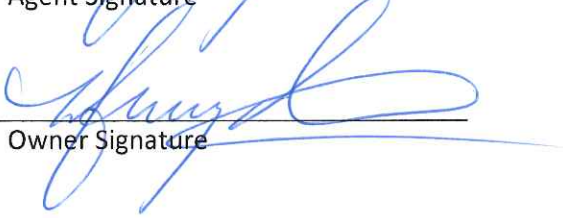
I, MURRY NIELSEN hereby certify that (check one):

- 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

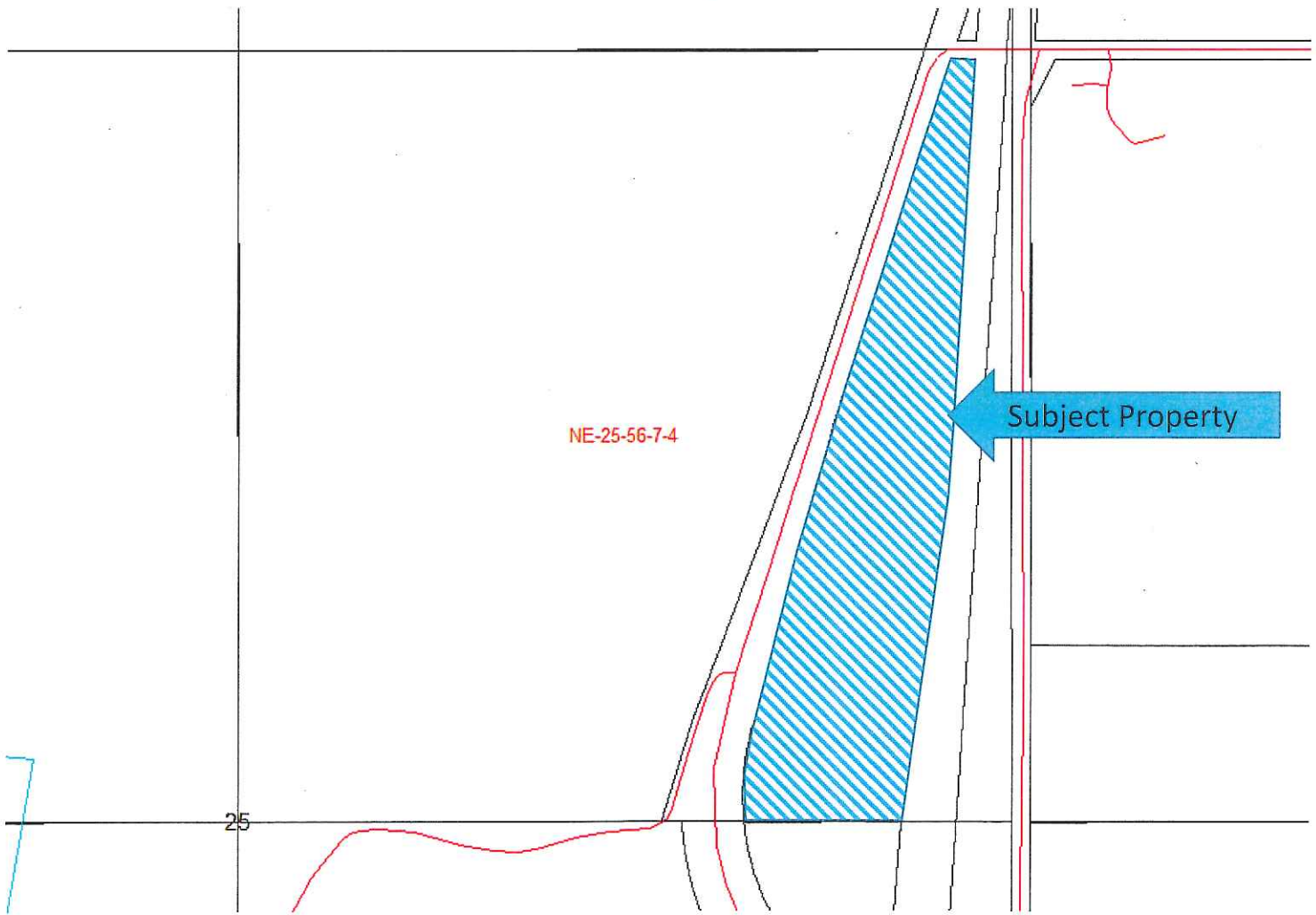
Sep 17 / 14
Date


Owner Signature

Sep 17 / 14
Date

Owner Signature

Date



NE-25-56-7-4

Subject Property

25

7

General Location Map

