ROCKY VIEW COUNTY

FOR OFFICE USE ONLY	
APPLICATION NO.	
ROLL NO.	
FEES PAID	
DATE OF RECEIPT	
ACCEPTED BY	

APPLICATION FOR ROAD CLOSURE OR OPENING

This form is to be completed in full by the registered landowner that is the subject of the application or by a person authorized to act on the registered owner's behalf. In making this application you are certifying the accuracy of the information contained in the pages of this form and all material submitted with your application.

1. APPLICANT/OWNER				
Applicant Name:			Email:	
Business/Organization Name (if applicable):				
Mailing Address:				Postal Code:
Telephone (Primary):		Alternative:		Fax:
Landowner Name(s) per title (if not the Applicant):				
Mailing Address:				Postal Code:
Telephone (Primary):		Email:		

2. LEGAL LAND DESCRIPTION OF LAND ADJACENT TO SUBJECT ROAD ALLOWANCE				
All/part of: ¼	Section:	Township:	Range:	West of: Meridian
All parts of Lot(s)/Unit(s):		Block:	Registered Plan:	
Municipal Address (if applicable):				

3. LEGAL DESCRIPTION OF ROAD ALLOWANCE TO BE CLOSED OR OPENED		
Direction from subject land:	Hectare(s):	Acre(s):

4. NATURE OF APPLICATION	
CLOSURE AND CONSOLIDATION ☐	ROAD OPENING ☐

5. REASON FOR ROAD CLOSURE OR OPENING

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6. PHYSICAL CHARACTERISTICS OF LAND

a) Describe the topography of the land (flat, rolling, steep, mixed):_____

b) Describe type of vegetation and water bodies on land (brush, shrubs, tree stands, woodlots, sloughs, creeks, etc.):

c) Describe soil type on land (sandy, loam, clay, etc.):_____

7. APPLICATION REQUIREMENTS

It should be noted that while every effort is made to ensure that applicants are provided with clear information regarding the requirements for applications, that over the course of the application assessment process, particularly following a full technical review and also following the receipt of submissions from agencies and landowners, additional technical information may be required. In addition to the requirement for further technical information, further justification regarding the merits of a development proposal may also be required.

Applicant	Office	The application shall include the following:
☐	☐	**APPLICATION FORMS AND CHECKLIST:** All parts completed and signed.
☐	☐	**APPLICATION FEE:** Refer to Road Fee Schedule within the Master Rates Bylaw.
☐	☐	**CURRENT LAND TITLES CERTIFICATE COPY -** dated within 30 days of application.
☐	☐	**COPY OF ALL NON-FINANCIAL INSTRUMENTS/CAVEATS REGISTERED ON TITLE**
☐	☐	**LETTER OF AUTHORIZATION:** Signed by the registered landowner(s) authorizing person acting on behalf (if not the Applicant). If registered owner on title is a company, authorization to be provided on a company letterhead or as an affidavit (signed by a Commissioner for Oaths).
☐	☐	**COVER LETTER, shall include:** • Description of the proposed plan of road closure/opening, • Parcels involved, • Existing and proposed use or uses.
☐	☐	**PROPOSED PLAN**: Show the proposed road closure/opening layout, identifying the general location of existing buildings/uses, any proposed future buildings and uses, any existing and proposed access points, potable and wastewater infrastructure, and their respective locations in relation to proposed boundary lines.

PLEASE NOTE: The Alberta Land Titles Office no longer accepts metes and bounds descriptions for the registration of road closures. A survey, prepared by an ALSA surveyor, showing the area to be closed will be required prior to a decision being made.

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8. APPLICANT/OWNER AUTHORIZATION

I, _____ (Full name in Block Capitals), **hereby certify** (initial below):

_____ That I am the registered owner **OR** _____ That I am authorized to act on the owner's behalf.

_____ That the information given on this form and the material provided with this application is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application.

_____ I have read, understood and accept the contents, statements and requirements contained and referenced in this document **(Page 1 to 3), APPLICATION FOR ROAD CLOSURE OR OPENING**

_____ That I am aware of and have read and agree to the following:

- The personal information collected on this application is collected in accordance with s.4(c) of the Alberta Protection of Privacy Act (POPA).
- I have obtained written permission from the copyright holder for any information included with this application which is protected by copyright.
- I agree to indemnify, save and hold harmless the County, its elected officials, agents, and employees from and against all demands, claims, liability costs and expenses (including legal fees) in relation to copyright infringement as a result of the information submitted.
- The information collected will be used to communicate with the applicant during the application review and site inspection processes. Rocky View County may also input the information into an automated system to generate content or make decisions, recommendations or predictions.
- As part of the review process, both personal information and copyrighted materials will be circulated as needed to relevant internal departments, provincial and federal governments, external partners, and adjacent landowners.
- Such information and materials may also be submitted to the Subdivision and Development Appeal Board and the Land and Property Rights Tribunal.
- Personal information and copyrighted materials may also be included in public meeting agendas, on the County's website, and on the Rocky View County Planning Development Map web application and other public resources maintained by the County.
- The applicant's name and the nature of the application will be publicly available, in accordance with the
- Alberta Access to Information Act (ATIA) as well as POPA.
- For questions on POPA or copyright issues, please contact the Manager of Planning at 403-230-1401.

_____ **Right of Entry:** I authorize/acknowledge that Rocky View County may enter the above parcel(s) of land for purposes of investigation and enforcement related to this application in accordance with Section 542 of the Municipal Government Act.

Applicant Signature_____ **Landowner Signature**_____

Date_____ Date_____

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Existing District(s):	Proposed District(s):
Applicable IDP/ASP/CS/MSDP:	
Included within file: ☐ Parcel Summary ☐ Site Aerial ☐ Land Use Map Aerial ☐ Site Plan	
NOTES:	
Staff Signature: _____	