

City of Wetaskiwin  
**Subdivision Endorsement  
Application Package**

**Application Package Includes:**

- Subdivision Endorsement Requirements
- Fee Schedule
- Subdivision Endorsement Application
- Pre-Authorized Credit Card Form

**Applications can be:**

1. Digitally submitted to [permits@wetaskiwin.ca](mailto:permits@wetaskiwin.ca)
2. Dropped off at 4705 50<sup>th</sup> Avenue, Wetaskiwin
3. Mailed to 4705 50 Avenue, Wetaskiwin, Box 6210, T9A 2E9 addressed to Development Services

For more information, call 780.361.4400 or e-mail [permits@wetaskiwin.ca](mailto:permits@wetaskiwin.ca)

**Subdivision Endorsement Requirements:**

All forms and supporting documents (listed below) must be completed and submitted at the time of subdivision endorsement submission:

Confirmation that Subdivision Approval Conditions have been satisfied

Confirmation that Development Agreement Conditions have been satisfied

Copy of the utility right-of-way plans (if applicable) (PDF preferred)

Copy of the Plan of Subdivision (PDF)

Three (3) copies of the current Certificate(s) of Title and copies of any easements, caveats, or other registered agreements that affect the use of the subject lands

**Fee Schedule: Subdivision**

**Fees**

**Subdivision Application** (includes lot line adjustments)

\$500.0 plus \$125.0 per lot created

**Time Extension** (only one permitted)

\$500.0

**Endorsement** (due at time of endorsement)

Note: Reserve lots and public utility lots are exempt from the endorsement fee.

\$150.0 per lot created

**Condominium Unit Conversions**

Note. See Section 75 of the Condominium Property Act.

\$40.0 per unit

Application Date:

Sub File:

Roll Number:

## SUBDIVISION ENDORSEMENT APPLICATION

### 1. Legal Land Description of Land Affected by the Proposed Amendment:

Plan: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Roll Number: \_\_\_\_\_

### 2. Applicant(s) Information:

Owner: \_\_\_\_\_ Contractor: \_\_\_\_\_ Business License: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 3. Landowner(s) Information:

Same as applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Unless otherwise noted, the applicant will receive electronic notification.

### 4. Registered Owner or Agent Acting on the Registered Owner's Behalf

I, \_\_\_\_\_ hereby certify that

I am the registered owner,

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

And that the information given on this form is complete and is, to the best of my knowledge, a true statement of the facts relating to this application for subdivision approval.

### 5. Authorization to Act on Behalf of the Registered Owner

I (We) \_\_\_\_\_ hereby authorize to act on my (our) behalf on matters pertaining to this application for subdivision.

\_\_\_\_\_  
Signature of Landowner

### 6. Project Details

a. Date of preliminary subdivision approval: \_\_\_\_\_

b. Total subdivision area: \_\_\_\_\_

c. Describe any changes to Plan since preliminary subdivision approval: \_\_\_\_\_

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## CREDIT CARD AUTHORIZATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fee Amount: \_\_\_\_\_ Invoice/Account Number: \_\_\_\_\_

Memo: \_\_\_\_\_

I authorize the City of Wetaskiwin to charge the credit card indicated on this Credit Card Authorization form. This Credit Card Authorization is for service listed in the Memo, for the Fee Amount indicated above, and is valid for one time use only.

The City of Wetaskiwin will not keep Credit Card Authorization forms on file. Credit Card Authorization forms are stored for secure shredding once payment has been processed.

I, \_\_\_\_\_, certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the Fee Amount indicated in this form.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VISA:                      MasterCard:

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV: \_\_\_\_\_