



# TEMPORARY WORK CAMP DEVELOPMENT PERMIT APPLICATION

5015 - 49 Avenue, St. Paul, AB T0A 3A0  
T 780.645.3301 F 780.645.3104 [www.county.stpaul.ab.ca](http://www.county.stpaul.ab.ca)

## Contact Details

NAME OF APPLICANT: \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

LANDOWNER(S) (please complete if applicant is not the landowner): \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Site Information & Development Details

RURAL ADDRESS: \_\_\_\_\_ ROLL #: \_\_\_\_\_

LEGAL: NE NW SE SW ¼ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ W4M

Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ TITLE AREA: \_\_\_\_\_ acres

SUBDIVISION NAME (if applicable): \_\_\_\_\_ Hamlet of \_\_\_\_\_

NUMBER OF DWELLINGS (existing): \_\_\_\_\_

ZONING: \_\_\_\_\_

## Proposed Project Details

PURPOSE FOR CAMP (please indicate which project and company this camp will service):  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF WORK CAMP:  Recreational Vehicle  Prefabricated Multi Accommodation Unit

ACCESSORY USES:  Bathing Facility  Dining Facility  Kitchen Facility  Recreation Facility

Other (Please specify): \_\_\_\_\_

Number of persons proposed to live in the camp: \_\_\_\_\_

Number of units within the camp: \_\_\_\_\_

Is the camp licensed by the Alberta Liquor and Gaming Commission:  Yes  No

Method of supplying potable water: \_\_\_\_\_

Method of sewage disposal: \_\_\_\_\_

Method garbage disposal: \_\_\_\_\_

Is this camp located on Crown land:  Yes  No

Start date of development: \_\_\_\_\_

Date of occupancy: \_\_\_\_\_

Date of camp removal: \_\_\_\_\_\*

\*Please note, that an approved development permit for a work camp is only valid for 1 year. A new development permit must be applied for annually for each 365 days of operation. Work camps containing RV's are limited to 50 RV's in size and can only be occupied from April 1 - December 1.

Adjacent land uses:

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Proposed access route (what highways and municipal roads will be utilized):

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Please be aware that the following may be required upon issuance of a development permit:

- Emergency Response Plan;
- FireSmart Plan where required;
- Stormwater Management Plan;
- Enter into a road use agreement with the County to ensure that the work camp undertakes to repair any damage caused to County roads;
- Reclamation measures once the camp is no longer needed. Post security with the County of St. Paul No. 19 with sufficient funds to remove and reclaim the site if the work camp remains on site after the project is completed or if work has stopped to the extent that the County no longer feels the work camp is necessary for the project, or to reclaim the site if needed after the work camp has been removed from the site, or to repair or replace road infrastructure.

The land is adjacent to:  Primary Highway  Secondary Highway  Municipal Road

Please indicate if there are any of the following uses within one (1) mile of the proposed development:

- Gas Facilities/Pipelines  Yes  No  Unknown Distance: \_\_\_\_\_
- Confined Feeding Operations  Yes  No  Unknown Distance: \_\_\_\_\_

**Other Details**

- Proposed Development has commenced  Yes  No
- Estimated Commencement Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_
- Estimated Cost of Project: \_\_\_\_\_

**Required Signatures – Applicant/Landowner**

Registered owner(s) and/or person acting on the registered owner's behalf:

I, \_\_\_\_\_ hereby certify that:  I am the registered owner  
(Print full name/s)  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 development approval.

_____	_____
Applicant(s) Signature	Date
_____	_____
Landowner(s) Signature	Date
_____	_____
Landowner(s) Signature	Date

**PREFERRED METHOD OF COMMUNICATION:**

- Letter Post
- Fax \_\_\_\_\_
- E-mail \_\_\_\_\_
- Call for pickup

**Method of Payment**

Payment Method:  Visa  M/C  Debit  Cheque  Cash Auth / Chq. Number \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Date of Auth: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

*The personal information provided as part of this application is collected under Section 303 and 295 of the Municipal Government Act and in accordance with Section 32(c) of the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, Land Use Bylaw enforcement and property assessment purposes. The name of the permit holder and the nature of the permit are available to the public upon request.*

## Site Plan of Proposed Development

The Site Plan **must** include all of the following information in order for it to be considered complete;

- Property lines with dimensions and total area of property;
- County of St. Paul No. 19 will not locate survey stakes or pins. It is the applicant's responsibility to ensure dimensions shown from property lines are correct
- Location of all existing, temporary and proposed structures (ie. dwellings, sheds, signs, etc.);
- Setback distances of new structures from the front, rear, and side yards (front yard refers to that portion of the building facing the road); (lake front property, front yard is the lake side)
- Should access roads be required, please inquire prior to ANY development
- Label roadways and indicate existing and/or proposed access to the site; (IF A RURAL ADDRESS IS REQUIRED: It is important to know where the access (driveway) will be located.
- If applicable, location of oil & gas wells, pipelines & facilities;
- Indicate the location of water wells and septic tank/sewage disposal systems;
- If applicable, location of all easements such as utility right of way, caveat, etc.

DEVELOPMENT PERMIT SITE PLAN (use area OR define lot boundaries)

\*\*PLEASE INDICATE WHICH WAY IS NORTH IN YOUR DRAWINGS AND SHOW ALL ROADS\*\*


Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_