ROAD ALLOWANCE CLOSURE APPLICATION CHECKLIST

The following is required when submitting a road allowance closure application. Applicants are encouraged to contact the County Office to schedule a consultation prior to submitting a road allowance closure application.

☐ **Application Fee** (non-refundable)

Refer to the *Schedule of Fees Bylaw*.

☐ **Application Form**

A complete application form signed by the applicant.

☐ **Site Plan**

A site plan which identifies the road allowance(s) being proposed for closure. Include the location of pivot(s) or other structure(s) and feature(s) that do/will impact the road allowance(s).

☐ **Certificates of Title**

Certificates of Title from Alberta Land Titles showing the ownership of the lands adjacent to the road allowance(s) being proposed for closure.

☐ **Other**

Applicants may be asked to submit additional information necessary to aid in evaluating the application.

183037 RR145 (Box 130), Brooks, AB T1R 1B2
Office Hours: Mon-Fri 8:00 a.m. – 4:30 p.m.
Email: administration@newellmail.ca
Web: www.countyofnewell.ab.ca
Phone: 403-362-3266

File No.

ROAD ALLOWANCE CLOSURE APPLICATION

FOR OFFICE USE	
Date Received:	Fees Submitted:
Market Value:	Date of Assessment:

1. CONTACT INFORMATION	
Applicant Name:	
Mailing Address:	Postal Code:
Phone:	Email:

2. LEGAL LAND DESCRIPTION

Describe the road allowance as being between quarter-sections:

BETWEEN	Quarter: NE ☐ NW ☐ SE ☐ SW ☐	Section:	Township:	Range:	W4	*AND*
	Quarter: NE ☐ NW ☐ SE ☐ SW ☐	Section:	Township:	Range:	W4	
BETWEEN	Quarter: NE ☐ NW ☐ SE ☐ SW ☐	Section:	Township:	Range:	W4	*AND*
	Quarter: NE ☐ NW ☐ SE ☐ SW ☐	Section:	Township:	Range:	W4	
BETWEEN	Quarter: NE ☐ NW ☐ SE ☐ SW ☐	Section:	Township:	Range:	W4	*AND*
	Quarter: NE ☐ NW ☐ SE ☐ SW ☐	Section:	Township:	Range:	W4	
BETWEEN	Quarter: NE ☐ NW ☐ SE ☐ SW ☐	Section:	Township:	Range:	W4	*AND*
	Quarter: NE ☐ NW ☐ SE ☐ SW ☐	Section:	Township:	Range:	W4	

3. APPLICATION INFORMATION

a. Road Allowance Closure Method Requested: ☐ Lease ☐ Purchase

Reason for Requested Method: ____

b. Total Length of Road Allowance to be Closed: ______________ kilometres _______________ miles

c. Land Use District(s) (adjacent to road allowance): ____

d. Ownership of Lands Adjacent to Road Allowance (if other than applicant): ___________________________

e. Reason(s) for Closure Request:

____

____

____

4. APPLICANT SIGNATURE

Date: ____________________ **Applicant Signature:** ____

FOIP Statement: The personal information on this form is authorized under Section 22 of the Municipal Government Act and Section 4 (a) of the Protection of Privacy Act, and it will be protected by section 10 of the Protection of Privacy Act. The information collected will be used to process the road allowance closure application, prepare referral notifications if needed, and to contact the applicant when required. The name of the applicant and nature of the application may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the Privacy Officer for the County of Newell at 403-362-3266 or administration@newellmail.ca.

Revised 2026-06-29