



Application for Subdivision Approval



LAND OWNER(S) INFORMATION

Owner's Complete Mailing Address: _____

Phone Number: _____

Surveyor Information:

Name: _____ Address: _____

Phone: _____ Fax: _____

All Correspondence & Documents to be Returned to:

Name: _____ Phone: _____

Address: _____ Postal Code: _____

Location: _____ Community: _____

Type of Application: Preliminary Tentative Final

Registration and Processing Fee Attached: Yes No

All PID's involved in this application: _____

Approval Requested For Lot(s)# _____

Is there a remainder lot? Yes No

Water Services

	Existing	Proposed
Municipal	<input type="checkbox"/>	<input type="checkbox"/>
Drilled Well	<input type="checkbox"/>	<input type="checkbox"/>
Dug Well	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____		

Sewer Services

	Existing	Proposed
Municipal	<input type="checkbox"/>	<input type="checkbox"/>
On-Site	<input type="checkbox"/>	<input type="checkbox"/>
Mun. Storm Sys	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____		

Access

	Exist.	Prop.
Public St	<input type="checkbox"/>	<input type="checkbox"/>
Private Rd.	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____		

Signature of Subdivider: _____

Date: _____

“Subdivider” means the owner(s) of the area of land proposed to be subdivided and includes anyone acting with the owner’s written consent.

For Office Use Only Application Date: _____ **CBRM Plan# D-** _____

“Statement of Plan Registration Form Must Accompany this Application”