
**SCHEDULE F APPLICATION FOR REPEAL OF A PLAN OF
SUBDIVISION**

File No.

APPLICANT RELATED INFORMATION

Name of land owner(s) _____ Phone _____

Mailing Address of land owner(s) _____

Postal Code _____

Documents to be returned to _____

Correspondence to be directed to _____

INFORMATION RELATED TO THE APPROVED PLAN OF SUBDIVISION SOUGHT TO BE REPEALED

Name of applicant for subdivision approval _____

Location _____ Community _____

The plan of subdivision was approved on the ____ day of _____, and filed in the Registry of

Deeds as Plan # ____ . Lot(s) # _____ was/were approved.

Registration Fee Submitted

CERTIFICATION OF FACTS

(Reasons For Repeal)

(If more space required, attach additional sheet)

OWNER'S CERTIFICATE

I certify that the information in this application is true and complete, that I am applying for repeal of this Plan of Subdivision with the full knowledge and consent of all persons with legal interest, including mortgagees, in the lands affected by the repeal and that these persons have co-signed this application.

Signature of owner/agent _____ Date _____

Co-signer _____ Date _____

Co-signer _____ Date _____
