APPLICATION FOR SUBDIVISION APPROVAL

FOR OFFICE USE ONLY	Date received:
File number:	Received by:

GENERAL INFORMATION

Name of Land Owner(s) _____

Address of Land Owner(s) _____

Postal Code _____ Phone number _____

Subdivision Name (if different than owner) _____

Documents to be returned to _____

Correspondence to be directed to _____

SUBDIVISION INFORMATION

Type of application ☐ Preliminary (Optional) ☐ Tentative ☐ Final
☐ Instrument

Location _____ ☐ Municipality of the County of Antigonish
☐ Municipality of the District of St. Mary's

Parcel Identifier (PID number) _____

Approval requested for Lot(s) _____

Type of development proposed ☐ Single unit dwelling
☐ Other (specify) _____

Is there a remainder lot? ☐ Yes
☐ No

If yes, type of development proposed on remainder lot _____

Are there existing structures on the lots to be created? ☐ Yes
☐ No

If yes, type of structures and lots on which they are located _____

CERTIFICATION: On-site system not required

(only applicable for unserviced lots which are greater than 9000 m^2 [2.22 acres] in area and with a width of more than 75 metres [246 ft.])

I certify that _____ (is, are) being subdivided for _____
(lot(s) being approved and/or remainder lot) (specify purpose)

which will **not** require the installation of an on-site sewage disposal system.

Signature _____

WATER SERVICES

	Existing	Proposed
Municipal system	Lot ____	Lot ____
Drilled well	Lot ____	Lot ____
Dug well	Lot ____	Lot ____

Other (specify) _____

SEWER SERVICES

	Existing	Proposed
Municipal system	Lot ____	Lot ____
On-site	Lot ____	Lot ____

Other (specify) _____

ACCESS

	Existing	Proposed
Public road	☐	☐

Other (specify) _____

Fees attached ☐ Yes ☐ No
(Final approval for Plans of Subdivision and Instruments of Subdivision will not be granted until fees are received.)

I certify:
☐ I am the owner; or
☐ I am acting with the owner's written consent (attach written consent).

Signature of Subdivider _____ Date _____