



APPLICATION FOR SUBDIVISION APPROVAL

Town Planning Office, 400 Main Street, Yarmouth, N.S., B5A 1G2

SUBDIVIDER RELATED INFORMATION

Name of Land Owner(s): _____

Phone No.: _____

Address of Land Owner(s): _____

Postal Code: _____

Subdivision Name (if different from Owner): _____

Plans to be returned to: _____

Correspondence to be directed to: _____

LAND TO BE SUBDIVIDED

Location: _____

Type of Application

- Preliminary (Optional)
- Tentative
- Final

Type of Approval

- Plan
- Consolidation

Type of Development

- Single family dwelling
- Duplex/Semi-Detached
- Other _____

WATER SERVICES

	Existing	Proposed
Municipal	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Other (specify) _____		

Approval Requested for lot(s) No.: _____

CERTIFICATION - ON-SITE/TOWN SEWER SYSTEM NOT REQUIRED

I certify that the use of the lot(s) for which approval is being requested will not require the installation of an on-site sewage disposal system or connection to the Town's sewer system.

SIGNATURE: _____

ACCESS

	Existing	Proposed
Public	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____		

Calculation of Application Fee:

I certify that I am the owner or am acting with the owner's written consent

Signature of Subdivider: _____

Date: _____

FOR OFFICE USE ONLY

Application No.

Application Received

Application Complete

Application Refused

Application Approved

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Month

Day

Year

Month

Day

Year

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