

**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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