SCHEDULE "A"

APPLICATION FOR SUBDIVISION APPROVAL

FOR OFFICE USE ONLY **File No: _____**		Fees Attached □ Yes □ No

SUBDIVIDER RELATED INFORMATION

Name Of Land Owner(S) _____

Address Of Land Owner(S) _____

Postal Code _____ Phone No. _____

Subdivision Name (If Different From Owner) _____

Documents To Be Returned To: _____

Correspondence To Be Directed To: _____

LAND TO BE SUBDIVIDED

Location Municipality _____

Parcel Identifier _____

Type Of Application □ Preliminary (Optional) □ Concept □ Tentative (Optional)

□ Final □ Instrument

Lands Migrated □ Yes □ No If Land is to be Migrated Name of property Lawyer:_____

Type Of Development Proposed □ Single Unit Dwelling □ Other (Specify)

Approval Requested For Lot(S) #_____ Is There A Remainder Lot? □ Yes □ No

Assessment Requested From Department of Environment □ Yes □ No

CERTIFICATION - ON-SITE SYSTEM NOT REQUIRED (unserviced areas)

I certify that _____ (is, are) being subdivided for a purpose (_____)
(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
Central System	□	□
Drilled Well	□	□
Dug Well	□	□
Other (Specify)	_____	

SEWER SERVICES	Existing	Proposed
Central System	□	□
On-site System	□	□

ACCESS	Existing	Proposed
Municipal Street	□	□
Provincial Street	□	□
Private Road	□	□
Other (Specify) _____		

I certify that I am the owner or am acting with the owner's written consent. (Pertains only to final and instrument applications.)

_____ _____
SIGNATURE OF SUBDIVIDER DATE