



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

Well

Other (specify) _____

SEWER SERVICES

Existing Proposed

Municipal

On-Site

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

Public

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

_____|_____|_____|_____|

_____|_____|_____|_____|
Month Day Year

_____|_____|_____|_____|
Month Day Year

_____|_____|_____|_____|
Month Day Year