



APPLICATION FOR SUBDIVISION APPROVAL

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

SUBDIVIDER RELATED INFORMATION Name of Land Owner(s): _____ _____ Address of Land Owner(s): _____ _____ Email address: _____	Phone: _____ Cell: _____ Postal Code: _____
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Subdivision Name (if different from Owner): _____
 Plans to be returned to: _____
 Correspondence to be directed to: _____

LAND TO BE SUBDIVIDED Location: _____	WATER SERVICES <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Existing</td> <td style="text-align: center;">Proposed</td> </tr> <tr> <td>Municipal</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Well</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other (specify) _____</td> <td></td> <td></td> </tr> </table>		Existing	Proposed	Municipal	<input type="checkbox"/>	<input type="checkbox"/>	Well	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____		
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	<input type="checkbox"/> Other _____												

Approval Requested for lot(s) No.: _____	ACCESS <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Existing</td> <td style="text-align: center;">Proposed</td> </tr> <tr> <td>Public</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other (specify) _____</td> <td></td> <td></td> </tr> </table>		Existing	Proposed	Public	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____		
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Public	<input type="checkbox"/>	<input type="checkbox"/>								
Other (specify) _____										
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: _____	Calculation of Application Fee: _____ _____									

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

SIGNATURE of Subdivider (s): _____

Date: _____

FOR OFFICE USE ONLY			
Application No.	Application Received	Application Complete	Application Refused <input type="checkbox"/>
			Application Approved <input type="checkbox"/>
<div style="display: flex; justify-content: space-between;"> ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Month Day Year Month Day Year Month Day Year </div>			