

FOR OFFICE USE ONLY

File No: _____

OWNER 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 (Optional) Tentative (Optional) Final Instrument

FEE ATTACHED YES NO

APPROVAL REQUESTED FOR LOT (S) # _____

IS THERE A REMAINDER LOT? YES NO

TYPE OF DEVELOPMENT PROPOSED

Single unit dwelling

Other (specify) _____

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

I certify that _____ (is, are) being created for the purpose (_____)
(Lot(s) being approved and/or remainder lot) (Specify purpose)

that will not require the installation of an on-site sewage disposal system.

SIGNATURE: _____

WATER SERVICES

	Existing	Proposed
CENTRAL SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>
DRILLED WELL	<input type="checkbox"/>	<input type="checkbox"/>
DUG WELL	<input type="checkbox"/>	<input type="checkbox"/>

SEWER SERVICES

	Existing	Proposed
CENTRAL SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>
ON SITE	<input type="checkbox"/>	<input type="checkbox"/>

ACCESS

	Existing	Proposed
TOWN STREET	<input type="checkbox"/>	<input type="checkbox"/>

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 APPLICANT _____

Date: _____