

COUNTY of ANNAPOLIS

NATURALLY ROOTED

Municipality of the County of Annapolis
752 St. George Street, PO Box 100
Annapolis Royal, Nova Scotia Canada B0S 1A0

FOR OFFICE USE ONLY	
File No. _____	_____
Receipt No. _____	_____

APPLICATION FOR SUBDIVISION APPROVAL

Please complete and return to the above address

OWNER RELATED INFORMATION

Preliminary Plan Tentative Plan Final Plan

Name of Applicant (s): _____

Mailing Address: _____ Phone: _____
 _____ Postal Code: _____

SPECIAL INSTRUCTIONS:

Registered Owner (s) (if not applicant): _____

Documents to be Returned to: _____

LAND TO BE SUBDIVIDED

Location: _____ Municipality: _____

Parcel Identifier: _____ Civic: _____

Abutting Property Owner(s): _____

Approval Requested for Lot(s) # _____

Type of Development Proposed: Single unit dwelling Other (Specify) _____

Assessment Requested from Department of Environment: Yes No

Is there a remainder lot? Yes No

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

I certify that _____ (is, are) being created for a 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 _____

<u>Water Services</u>			<u>Sewer Services</u>			<u>Access</u>		
	Existing	Proposed		Existing	Proposed		Existing	Proposed
Municipal	<input type="checkbox"/>	<input type="checkbox"/>	Municipal	<input type="checkbox"/>	<input type="checkbox"/>	Public Road	<input type="checkbox"/>	<input type="checkbox"/>
Drilled	<input type="checkbox"/>	<input type="checkbox"/>	On-site	<input type="checkbox"/>	<input type="checkbox"/>	Municipal Road	<input type="checkbox"/>	<input type="checkbox"/>
Dug Well	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____			Private Road	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____						Private Right-of-Way	<input type="checkbox"/>	<input type="checkbox"/>
						Name of Road _____		

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

Signature of Applicant(s) _____ Date _____
