



Eastern District Planning Commission

Unit 4, 32 Paint St.,
Port Hawkesbury NS B9A 3J8

t: 902-625-5361
f: 902-625-1559
1-888-625-5361

FOR OFFICE USE ONLY:

File No.: _____
Application Received: _____ (date) (initial)
Application Complete: _____ (date) (initial)
Processing Fee Enclosed
Registration Fee Enclosed

SUBDIVIDER RELATED INFORMATION

Name of Land Owner(s): _____
Address of Land Owner(s): _____
Postal Code: _____ Phone: _____
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) For lots: _____
Tentative _____
Final _____
Instrument _____
Is there a remainder lot? yes no
Development Proposed: Single Family Other (Specify): _____
Plan prepared by: _____ Date: _____
Plan certified by: _____ Date: _____

WATER SERVICES

Existing Proposed
Municipal
Drilled Well
Dug Well
Other: _____

SEWER SERVICES

Existing Proposed
Municipal
On-Site
Assessment required from Department
of Environment and Labour:
yes no

ACCESS

Existing Proposed
Public Road
Private Road
Right-of-Way
Other: _____
If private road, enter total kms: _____

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

Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____