



### Eastern District Planning Commission

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

t: 902-625-5361  
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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: \_\_\_\_\_