West Hants Regional Municipality
P.O. Box 3000, 76 Morison Drive, Windsor, NS B0N 2T0
Planning and Development Department
Phone: 902-798-8391 Ext. 115

APPLICATION FOR SUBDIVISION APPROVAL

SUBDIVISION AREA	**APPLICATION TYPE** ☐ Preliminary ☐ Concept ☐ Tentative ☐ Final
NAME OF SUBDIVISION	**APPROVAL REQUESTED FOR LOT #'s**
LOCATION	**NO. AND TYPE OF EXISTING BUILDINGS**
PRESENT USE OF SITE	**PROPOSED USE OF SITE**
SIZE OF PARCEL TO BE APPROVED	**SIZE OF REMAINING PARCEL**

PROPERTY OWNER(S)	**MAILING ADDRESS**	**PHONE** **EMAIL**
APPLICANT	**MAILING ADDRESS**	**PHONE** **EMAIL**

CORRESPONDENCE AND PLANS SHOULD BE SENT TO ☐ OWNER ☐ APPLICANT ☐ OTHER (specify)

NAME	**MAILING ADDRESS**	**TELEPHONE NUMBER**

WATER SERVICES	Existing	Proposed
Central System	☐	☐
Drilled Well	☐	☐
Dug Well	☐	☐
Other: _____		

SEWER SERVICES	Existing	Proposed
Central System	☐	☐
On-site	☐	☐
Other: _____		

ACCESS	Existing	Proposed
Public Road	☐	☐
Private Road	☐	☐
Right of Way	☐	☐
Other: _____		

Has the property been tested by a qualified person for the installation of an on-site sewage disposal system? ☐ Yes ☐ No

If yes, please specify name of qualified person _____

CERTIFICATION - ON-SITE NOT REQUIRED (unserviced areas)

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

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

SIGNATURE_____

Declaration **I CERTIFY THAT I AM THE OWNER OR AM ACTING WITH THE OWNERS WRITTEN CONSENT**.

Signature of Applicant(s) _____ Date _____

_____ Date _____