

# SUBDIVISION APPLICATION

Please complete in FULL and return to:

Town of Wolfville - Community Development  
200 Dykeland Street | Wolfville | NS | B4P 1A2 |  
t: 902-542-3718 f: 902-542-5066



## SUBDIVIDER INFORMATION

Name of Land Owner(s): \_\_\_\_\_

Address of Land Owner(s): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Subdivision Name (if different from Owner): \_\_\_\_\_

Documents to be return to: \_\_\_\_\_

## LAND TO BE SUBDIVIDED

Location: \_\_\_\_\_

Parcel Identifier: \_\_\_\_\_

Survey Plan #: \_\_\_\_\_ Prepared By: \_\_\_\_\_

Type of Application:  Tentative  Final

Fees Attached:  Yes  No

Type of Development Proposed:  Single Unit Dwelling Other (Specify): \_\_\_\_\_  
(this applies to all proposed lots, including remainder lots)

## DECLARATION

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

Signature of Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

### Office Use Only

File Number: \_\_\_\_\_

Subdivision Type:  New Lot(s) \_\_\_\_\_ number of lots

Boundary Adjustment

Consolidation

Open Space Fees Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Registry Plan Number: \_\_\_\_\_ Recording Date: \_\_\_\_\_