

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: _____