RURAL CAPE BRETON
DISTRICT PLANNING COMMISSION

32 Paint Street
Suite #4
Port Hawkesbury, Nova Scotia
B9A 3J8

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: month day year

Plan certified by: _____ Date: month day year

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: month day year

Signature: _____ Date: month day year

Signature: _____ Date: month day year

Signature: _____ Date: month day year