



MUNICIPALITY OF THE
COUNTY OF COLCHESTER

1 CHURCH STREET, TRURO, NS B2N 3Z5
TEL:(902) 897-3170 FAX:(902) 843-4061

APPLICATION FOR SUBDIVISION APPROVAL

APPLICATION TYPE Final, Tentative, Preliminary	NRDI # Family Subdivision <input type="radio"/> YES <input type="radio"/> NO Voluntary Transfer into <input type="radio"/> YES <input type="radio"/> NO Land Registration	FILE NO FEE <input type="text"/> PAID <input type="checkbox"/> ZONING <input type="text"/>
NAME OF SUBDIVISION		APPROVAL REQUIRED FOR LOTS
LOCATION		PROPOSED LOT TYPE Building Lot Consolidation Other
WATER SERVICES EXISTING PROPOSED Central System <input type="checkbox"/> <input type="checkbox"/> Drilled Well <input type="checkbox"/> <input type="checkbox"/> Dug Well <input type="checkbox"/> <input type="checkbox"/> OTHER <input type="text"/>	WASTE DISPOSAL EXISTING PROPOSED Central System <input type="checkbox"/> <input type="checkbox"/> On-Site <input type="checkbox"/> <input type="checkbox"/> OTHER <input type="text"/>	ROAD ACCESS EXISTING PROPOSED Public Road <input type="checkbox"/> <input type="checkbox"/> Private Road <input type="checkbox"/> <input type="checkbox"/> OTHER <input type="text"/>
PLANS CERTIFIED BY		NOVA SCOTIA LAND SURVEYOR. DATED <input style="border: 1px solid red;" type="text"/>

CORRESPONDENCE AND PLANS SHOULD BE SENT TO:		
<input type="checkbox"/> OWNER	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> OTHER (SPECIFY)
PROPERTY OWNER(S)	MAILING ADDRESS	TELEPHONE NUMBER
APPLICANT	MAILING ADDRESS	TELEPHONE NUMBER
NAME	MAILING ADDRESS	TELEPHONE NUMBER

SIGNATURE OF ALL PROPERTY OWNERS	DATE
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SPACE BELOW FOR OFFICE USE ONLY

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