



MUNICIPALITY OF EAST HANTS

Application for Subdivision Approval

Office Use Only – East Hants Log Number: _____

Please complete the following application in detail:

Owner(s) Name: _____
Address: _____
Postal Code: _____
Phone Number _____ (r) _____ (b)
Subdivision Name: _____
Location of Subdivision: _____

CORRESPONDENCE directed to: Please (✓) Appropriate Box – Copies may be submitted to both.

Owner (at above address)

Surveyor (provide address below)

PLANS RETURNED to: Please (✓) Appropriate Box – Copies may be submitted to both.

Owner (at above address)

Surveyor (at above address)

TYPE OF APPLICATION AND NUMBER OF LOTS

Preliminary Tentative Final Lot(s) _____

Plan Prepared by: _____ Date: _____
Plan Certified by: _____ Date: _____

Please note: If the applicant wishes to have the plans sent to the Registry of Deeds or any other agency by way of Xpress Post, please submit a letter size Xpress Post Envelope at the time of application. If the Applicant wishes to Courier plans, please make the appropriate arrangements.

Signature of Subdivider/Agent: _____ Date: _____

Please Print: _____

WATER SERVICES

SEWER SERVICES

	<u>Existing</u>	<u>Proposed</u>		<u>Existing</u>	<u>Proposed</u>
Dug Well	<input type="checkbox"/>	<input type="checkbox"/>	On-Site	<input type="checkbox"/>	<input type="checkbox"/>
Drilled Well	<input type="checkbox"/>	<input type="checkbox"/>	Municipal Service	<input type="checkbox"/>	<input type="checkbox"/>
Municipal Service	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			

TYPE OF DEVELOPMENT PROPOSED

Single Family Dwelling Yes No Other _____

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

If Yes, please specify name of qualified person _____

CERTIFICATION – ON-SITE SYSTEM NOT REQUIRED (unserved areas)

I certify that _____ (lots being approved and/or remainder lot) is/are being subdivided for a purpose _____ (specify purpose) which will not require the installation of an on-site sewage disposal system. **SIGNATURE** _____

SUBDIVISION AND PARCELS TO BE RECORDED IN:

<input type="checkbox"/> Land Registration	or	<input type="checkbox"/> Registry of Deeds
<input type="checkbox"/> Results in 3 or more newly configured parcels.		<input type="checkbox"/> Subdivision is for the purpose of family gifting.
<input type="checkbox"/> Subdivision involves both Land Registration parcels and Non Land Registration parcels.		<input type="checkbox"/> Results in less than 3 newly configured parcels.
<input type="checkbox"/> Voluntary		<input type="checkbox"/> Other
<input type="checkbox"/> Other		
<input type="checkbox"/> Proof of conversion for existing parcels is attached.		<input type="checkbox"/> Complete affidavit of Family Gifting is attached.

FOR OFFICE USE ONLY...

Application Received: Date: _____ Initial: _____
 Application Completed: Date: _____ Initial: _____

APPLICATION AND PLANS FORWARDED TO THE FOLLOWING AGENCIES

- Environmental Health Inspection _____
- N.S. Dept. of Transportation _____
- Municipal Transportation Engineer _____
- Department of Environment _____
- Municipal Department of Engineering Services _____
- Municipal Dept. of Recreation & Culture _____
- Land Information Centre GIS Technician _____
- Registry of Deeds Property Mapper _____
- Other (specify) _____

Processing Fee Received Yes No **(\$100 subject to change)** Payable to "Municipality of East Hants"
 Registration Fee Received: Yes No **(\$213.35 subject to change)** Payable to "Registry of Deeds"
 Land Registration Fee Received Yes No **(\$113.35 subject to change)** Payable to "Registry of Deeds"