

**Schedule "A"**  
**Municipality of Yarmouth**  
**Application for Subdivision Approval**

For Office Use Only File No: _____	Land Registry Yes ___ No ___	Office of the Development Officer/Building Inspector 932 Highway 1, Hebron, NS, B5A 5Z5 Phone: 742-9691 Fax: 742-7557 E-Mail: dev@district.yarmouth.ns.ca
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**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)       Tentative (Optional)       Final       Instrument

Fees attached       Yes       No

Approval requested for lot(s)# \_\_\_\_\_

Approval requested from Department of Environment       Yes       No

Is there a remainder lot?       Yes       No

Type of Development Proposed       Single unit dwelling       Other (specify) \_\_\_\_\_

(This applies to all proposed lots including remainder lots)

**Certification-On-Site system not required (unserviced areas)**

I certify that \_\_\_\_\_ (is, are) being created for a purpose  
(Lots being approved under remainder lot)                  (Specify purpose)

That will not require the installation of an on-site sewage disposal system.

Signature \_\_\_\_\_

<b>Water Services</b>	Existing	Proposed	<b>Sewer Services</b>	Existing	Proposed	<b>Access</b>	Existing	Proposed
Municipal System	<input type="checkbox"/>	<input type="checkbox"/>	Municipal System	<input type="checkbox"/>	<input type="checkbox"/>	Municipal Public Street	<input type="checkbox"/>	<input type="checkbox"/>
Drilled Well	<input type="checkbox"/>	<input type="checkbox"/>	On-Site	<input type="checkbox"/>	<input type="checkbox"/>	Provincial Public Street	<input type="checkbox"/>	<input type="checkbox"/>
Dug Well	<input type="checkbox"/>	<input type="checkbox"/>	Other(Specify) _____			Private Raod	<input type="checkbox"/>	<input type="checkbox"/>
Other(Specify) _____						Other(Specify) _____		

I certify that I am the owner or am acting with the owner'

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_