



WEST HANTS
NOVA SCOTIA

MUNICIPALITY OF THE DISTRICT OF WEST HANTS
P.O. Box 3000, 76 Morison Drive, Windsor, Nova Scotia B0N 2T0
Tel: (902) 798-8391 Ext. 115 Fax: (902) 798-8553

Schedule "A"
APPLICATION FOR SUBDIVISION APPROVAL

SUBDIVISION AREA: Municipality of West Hants		APPLICATION TYPE: <input type="checkbox"/> Preliminary <input type="checkbox"/> Concept <input type="checkbox"/> Tentative <input type="checkbox"/> Final	
NAME OF SUBDIVISION:		APPROVAL REQUESTED FOR LOT #'s:	
LOCATION:		NO. AND TYPE OF EXISTING BUILDINGS:	
PRESENT USE OF SITE:		PROPOSED USE OF SITE:	
SIZE OF PARCEL TO BE APPROVED:		SIZE OF REMAINING PARCEL:	
PROPERTY OWNER(S):	MAILING ADDRESS:	PHONE:	
APPLICANT:	MAILING ADDRESS:	PHONE:	
CORRESPONDENCE AND PLANS SHOULD BE SENT TO: <input type="checkbox"/> OWNER <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER (specify)			
NAME:	MAILING ADDRESS:	TELEPHONE NUMBER:	
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: _____	SEWER SERVICES: Existing Proposed Central System <input type="checkbox"/> <input type="checkbox"/> On-site <input type="checkbox"/> <input type="checkbox"/> Other: _____	ACCESS: Existing Proposed Public Road <input type="checkbox"/> <input type="checkbox"/> Private Road <input type="checkbox"/> <input type="checkbox"/> Right of Way <input type="checkbox"/> <input type="checkbox"/> Other: _____	
Has the property been tested by a qualified person for the installation of an on-site sewage disposal system? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please specify name of qualified person _____			
CERTIFICATION - ON-SITE NOT REQUIRED (unserved areas)			
I certify that _____ (is, are) being subdivided for a purpose (_____) (Lot(s) being approved and/or remainder lot) (Specify purpose) which will not require the installation of an on-site sewage disposal system.			
SIGNATURE _____			
Declaration: I CERTIFY THAT I AM THE OWNER OR AM ACTING WITH THE OWNERS WRITTEN CONSENT.			
Signature of Applicant(s): _____ Date: _____			
SPACE BELOW FOR OFFICE USE ONLY			
Plan Received:	Application Complete:	Plans Approved:	
Plans Reviewed By:		Land Registry Use	
Sent	Received	S/D Plan#	
Department of Transportation		Voluntary Registration <input type="checkbox"/> Yes <input type="checkbox"/> No	
Department of Environment		Affidavit of Family Gifting attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Works Department		Previous Subdivision Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	
Assessment		Previous Plan Number:	
Registration Fee		Zone:	
5% Open Space Fee		PID:	
LIMS			
GIS Technician			
West Hants Finance			
Canada Post			