Subdivision Endorsement Extension

Application for Subdivision Endorsement Extension

LLOYDMINSTER

Application Date: _____

Property Information

Municipal Address *(if applicable)*

Legal Description of Land to Be Subdivided *(all/parts of)*

Lot ____ Block ____ Registered Plan ____

____ ¼ Sec. ____ Twp. ____ Rge. ____ W ____ M

Applicant Information

Applicant Name:

Business Name:

Mailing Address

Phone #: Cell #:

Email Address:

Owner Information

Owner Name:

Business Name:

Mailing Address

Phone #: Cell #:

Email Address:

Registration Expiry Date

What is the expiry date of subdivision registration:

Extension Request

How long of an extension are you requesting?

Application Info *(for office use only)*

Application

Fees $

Receipt #

PD File #

Date Application Received:

# of Days Granted:

Reason for Extension

Signature and Date

Applicant Signature

Date

Collection and Use of Personal Information:

The personal information being collected on this form is for the purposes of processing and acting upon this application in accordance with the Municipal Government Act, and is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act (FOIP). The City will not share your personal information for purposes outside of those stated without your permission in writing, unless there is a specific exemption stated in the Municipal Government Act.