



Cape Breton Regional Municipality
320 Esplanade
Sydney Nova Scotia B1P 7B9

For Office Use Only

Application Date:

CBRM Plan #:

APPLICATION FOR SUBDIVISION APPROVAL

Application Type ☐ Preliminary ☐ Tentative ☐ Final

Submitted Subdivision Plans ☐ Digital ☐ Paper ☐ Both

Land Owner(s) Information

Name (s): _____

Address: _____ Postal Code: _____

Surveyor Information

Name: _____

Address: _____ Postal Code: _____

Phone #: _____ Email Address: _____

Correspondent Information

All Correspondence & Documents to be Sent to:

Name: _____

Address: _____ Postal Code: _____

Phone #: _____ Email Address: _____

Property Information

Property Location: _____ Community: _____

All PID's involved in this application: _____

Approval Request for Lot(s) # _____

Is there a remainder lot? ☐ Yes ☐ No

Water Services

Sewer Services

Access

	Existing	Proposed		Existing	Proposed		Existing	Proposed
Municipal	<input type="checkbox"/>	<input type="checkbox"/>	Municipal	<input type="checkbox"/>	<input type="checkbox"/>	Public Street	<input type="checkbox"/>	<input type="checkbox"/>
Drilled Well	<input type="checkbox"/>	<input type="checkbox"/>	On-Site	<input type="checkbox"/>	<input type="checkbox"/>	Private Road	<input type="checkbox"/>	<input type="checkbox"/>
Dug Well	<input type="checkbox"/>	<input type="checkbox"/>	Mun Storm Sewer	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify):	_____	
Other (Specify):	_____		Other (Specify):	_____		_____		

Applicant's Signature*: _____ Date: _____

***By signing this application, I certify that I am the owner of the area of land proposed to be subdivided or am acting with the owner's written consent.**

"Statement of Plan Registration Form Must Accompany this Application"