

Southwest New Brunswick Service Commission

Tentative Subdivision Application

Tentative Subdivision Name	
Property address (or location)	
Parish/ County	
Parent PID	
Number of Lots or Parcels Proposed	
Purpose of Subdivision	
Property Owner's Name	
Mailing Address	
Phone Number (s)	
Fax Number / Email address	
Agent's/Surveyor's Name	
Mailing Address	
Phone Number (s)	
Fax Number / Email address	

By submitting a complete permit application, the applicant grants permission to the SNBSC staff to enter the land or premises at all reasonable times for the purposes of conducting inspection(s) associated with the application.

Agent/Owner Signature: **X** _____ Date: _____

OFFICE USE ONLY	DATE RECEIVED:		
	YES	NO	COMMENTS
Zoning			
PRAC			
Variance			Type:
Road being Created			Type:
Water Assessment			Type:
Land for Public Purposes:			
Letter to Clerk:			
Other			

Department/Agency	Required DO Initial	Date		Comments
		Sent	Received	
Septic Assessment (Surveyor)				
Sight Distance Assessment (Surveyor)				
Department of Environment				
Transportation - Head Office - District				
Department of Natural Resources				
Public Safety (NB911)				
NB Power				
Utility:				
Other:				

This section completed by Development Officer: _____ Date: _____