



SCHEDULE A
APPLICATION FOR SUBDIVISION APPROVAL

Name, Address and Phone Number of Property Owner:
Name, Address and Phone Number of Applicant, if not the Owner:
Location of Property:
Surveyor's Plan Number:
I hereby certify that I am the owner / duly authorized agent (authorization from owner attached) of the property for which the subdivision is requested.
Signature: _____ Date: _____

NOTES:

1. A fee of **\$50.00** (code: TMSF) is required with each completed application. Please make cheques payable to the '**Town of Bridgewater**'.
2. Please submit your completed application, including fees and folded plans, to:

The Development Officer
60 Pleasant Street
Bridgewater, NS B4V 3X9
telephone: 541-4369
fax: 541-6876
develop@Bridgewater.ca