



CITY OF CAMROSE  
REQUEST FOR SUBDIVISION APPROVAL  
TIME EXTENSION

Date: \_\_\_\_\_ SUB No.: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Owner of Land: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Legal Description of Land to be Subdivided:

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Municipal Address: \_\_\_\_\_

Expiry Date of Subdivision Approval: \_\_\_\_\_  
mm/dd/yyyy

Extended Time Request: \_\_\_\_\_  
mm/dd/yyyy

Reason for extension request (attach additional information if required):

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*The information that is being collected on this form is authorized under Section 33(c) of the Freedom of Information and Protection of Privacy Act, and as such, is protected by the Provisions of this Act. If you have any questions, contact the FOIP Coordinator at (780) 678-3027.*