



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):

Signature of Applicant: _____ Date: _____

The personal information collected in this permit application is collected in accordance with the Protection of Privacy Act. This information is used solely for the purpose of processing this permit application. The information may be included in public records, such as the meeting minutes, or otherwise disclosed as authorized under the Protection of Privacy Act and the Access to Information Act.