



**CAPITAL REGION SERVICE COMMISSION**  
**COMMISSION DE SERVICES RÉGIONAUX DE LA CAPITALE**

**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	

I hereby apply for the permit(s) or approval(s), indicated above for the work described on plans, submissions and forms herewith submitted. This application includes all relevant documentation necessary for the applied for permit(s) or approval(s). I agree to comply with the plans, specifications and further agree to comply with all relevant by-laws and conditions imposed.

By submitting a complete permit application, the applicant grants permission to the CRSC staff to enter the land, building 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			
Planning Commission Board			
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 and Local Government				
Transportation - Head Office - District				
Department of Natural Resources				
Public Safety (NB911)				
Utility:				
Other:				

↑ This section completed by Development Officer: \_\_\_\_\_ Date: \_\_\_\_\_