

REQUEST for SUBDIVISION TIME EXTENSION APPLICATION

MGA Section 657 (6)

The personal information on this form is being collected under the authority of Wheatland County. It will be used for the permit review and inspection processes and may be communicated to relevant Wheatland County business units, utility providers, and Alberta Health Services. It may also be used to conduct ongoing evaluations of service received from Planning and Development. The name of the applicant and the nature of the permit will be available to the public.

Please note that the fee for the 1st subdivision extension request is \$250.00 (please refer to the Master Schedule of Fees as this can change as the Schedule changes).

All time extension requests must be referred to Council for a decision.

Name of Registered Landow	/ner(s):					
Mailing Address:			City:			
Province: Postal	Code:	Pho	ne:			
Signature:						
Applicant:						
Mailing Address:			City:			
Province: Postal Code:		Pho	ne:			
Signature:						
File #:						
Long Legal: Part of the	Section	_ Township	Range	Meridian	W4 (Eg: SW-3-24-25-W4)	
Short Legal: Plan	Block _	Lot	Descrip	Descriptive (if applicable)		
Rural/Civic Address:						
Expiry Date of Subdivision A	pproval:					
Extended Time Request:						
Please describe your progre extension request. (Please u		•		proval and you	r reasons for the time	