

SUBDIVISION EXTENSION REQUEST

Date:		Subdivision File #	<u> </u>		
NAME OF APPLICANT(s): _					
				Postal Code:	
E :1.			;; <u> </u>		
Legal Description: ¼	Section:	=	Rge:	W4	
Lot:				<u> </u>	
To whom it may concern:					
I,			, would like	to request a:	
☐ 1 st Extension ☐ 2	nd Extension	☐ Other:			
I have completed the follow	ing conditions (if no	ne, please indicat	e reason):		
I understand the following o	conditions are outsta	•			
I plan to have the outstanding	ng conditions comp	leted by:			
I am aware that this request the date in my original appr obtaining a new title. Applicant(s) Signature:				bdivision conditions will expir be required to proceed with	e on
FOR OFFICE USE ONLY:					
Request Received:		Receipt #:	:		
Current Expiry Date:		Reviewed by	:		
Decision Date:		Extension	: Approved or De	nied	
New Extension Date:		Notice Senf	t		

Please send or email the completed form to: Municipal Planning Services #206, 17511 - 107 Avenue NW, Edmonton AB, T5S 1E5 | Phone: 780-486-1991 | Email: planning@munplan.ab.ca