

REGIONAL SERVICE COMMISSION 8

49 Winter Street, Unit 1, Sussex, N.B. E4E 2W8
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Request for Tentative Subdivision Approval

For Office Use Only

File No. _____	Type of Subdivision: <input type="checkbox"/> Type 1 (\$200) = _____
	# of lots _____ X \$ _____ = _____
	<input type="checkbox"/> Type 2 (\$500) = _____
Receipt No. _____	# of lots _____ X \$ _____ = _____
	Total: _____

Tentative Subdivision Name _____

Location _____

Number of Lots or Parcels Created _____

Purpose of the Subdivision _____

Applicant: _____

Address: _____ Postal Code: _____

Tel: _____ Fax: _____

E-mail: _____

Registered Owner (if different): _____

If Applicant is not the owner, written authorization to act as agent must be attached

Surveyor's Name: _____

Surveyor's E-mail: _____

Surveyor's Tel Number: _____

Signature _____ Date _____

(owner, agent or surveyor)

This Application is not an approval of the proposed subdivision

The personal information collected by RSC8 may be subject to disclosure under the provisions of the Right to Information and Protection of Privacy Act, S.N.B. 2009, c. R-10.6.