

0

U

0

KINGS REGIONAL SERVICE COMMISSION

27 Winter Street, Unit 1, Sussex NB E4E 2H9

email: info@KingsRSC.ca www.KingsRSC.ca

Telephone: (506) 432-7530 Mon to Fri 8am to 4pm Fee Re

Receipt Number

Permit Number

Date Received

For Office Use Only

SUBDIVISION FORM

SECTION A: OWNER'S INFORMATION						
Name				Home Phone	Email	
Address			Community	,	Province	Postal Code
SECTION B: SU	JBDIVISION IN	FORMATION	,		,	. ,
Tentative Subdivision Name		Туре	Lots Created	Parcels Created	PID	
Address of Subdivision			Community o	f Subdivision	Community of Su	bdivision
Purpose of Subd	ivision		1)		1 1	
SECTION C: SU	JRVEYOR'S INF	ORMATION				
Surveyor's Name	:			Surveyor's Phone	Surveyor's Email	
SECTION D: TI	ENTATIVE PLAI	N		1	1	
Date Sumitted	Tentative	Approval Date	Condition(s)			
Plan Type	Tentative	Refusal Date	Reason(s)			
Inspector		Inspection Date				
Note(s)						
SECTION E: SU	JBDIVISION ST	ATUS INFORM	ATION			
DTI Received	DTI Sent	DTI Status	Condition(s)			
ENVI Received	ENVI Sent	ENVI Status	Condition(s)			
PRAC Received	PRAC Sent	PRAC Status	Condition(s)			
SECTION F: FII	NAL APPROVA	L INFORMATIC	DN			
Date Sumitted Final Approval Date Approved By		Final Note(s)				
Owner's or Authorized Agent's Signature		Date	Building Inspec	ctors Signature	 Date	