

Appendix "A"

GREATER MONCTON PLANNING DISTRICT COMMISSION.
APPLICATION FOR SUBDIVISION APPROVAL

File No: - (FOR OFFICE USE ONLY)

TENTATIVE PLAN

Date Submitted:

FINAL PLAN

Surveyor:

Name of Subdivision:

APPLICANT INFORMATION

FULL MAILING ADDRESS

Owner's First Name

Owner's Last Name

If company name provide names of signing officers

Second Owner's First Name

Second Owner's Last Name

CONTACT NAME & NUMBER-
(must be completed)

LAND INFORMATION

Location:

Street:

Please forward all correspondence to:
The Greater Moncton Planning District
Commission.
655 Main Street, Moncton, N.B., E1C 1EB
PH (506)-857-0511 FAX(506)-859-2683

Applicant's Signature: X_____