


Tentative Subdivision Application

Tentative Subdivision Name	
Property address (or location)	
Parish/ County	
Parent PID	
Number of Lots or Parcels Proposed	
Purpose of Subdivision	
Property Owner's Name	
Mailing Address	
Phone Number (s)	
Fax Number / Email address	
Agent's/Surveyor's Name	
Mailing Address	
Phone Number (s)	
Fax Number / Email address	

 **Landowner Signature:** Submitted by surveyor

Date: _____

OFFICE USE ONLY				DATE RECEIVED:
	YES	NO	COMMENTS	
Zoning				
Planning Commission Board				
Variance			Type:	
Road			Type:	
Water Assessment			Type:	
Other				

Department/Agency	Required DO Initial	Date		Comments
		Sent	Received	
Transportation				
- Head Office				
- District Office				
Health				
Environment				
Natural Resources				
Public Safety (NB911)				
NB Power				
Utility:				
Utility:				
Other:				

↑ This section completed by Development Officer: _____ Date: _____