

# APPLICATION FOR SUBDIVISION



City of Duncan  
Planning Department  
200 Craig Street  
Mail: PO Box 820  
Duncan, B.C.  
V9L 3Y2  
Phone: 746-6126  
Fax: 746-6129

Date: \_\_\_\_\_  
Folio #: \_\_\_\_\_

## APPLICATION INFORMATION

Name of Applicant(s): \_\_\_\_\_  
Applicant(s) Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

## DESCRIPTION OF PROPERTY

Civic Address: \_\_\_\_\_  
\_\_\_\_\_  
Legal Description: (must match title)  
\_\_\_\_\_  
\_\_\_\_\_

### SUBDIVISION

- Fee Simple Subdivision     Bare Land Strata     Strata Conversion     Lot Line Adjustment

How many lots do you propose to create? \_\_\_\_\_

NOTE: Drawings and technical information are required for this application (4 sets)

Proposed use of each lot: \_\_\_\_\_

- Official Community Plan amendment required?:     yes     no  
Zoning amendment required?:     yes     no  
Development Variance Permit required?:     yes     no  
Development Permit required?:     yes     no

**If yes to any of the above, separate application(s) are required**

**AUTHORIZATION:** I/We hereby declare that all of the above statements and information contained in the material submitted in support of this application are, to the best of my/our knowledge, true and correct in all respects.

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**This application is made with my full knowledge.**

Date: \_\_\_\_\_ Registered owner of subject property: \_\_\_\_\_

Owner's address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

The City reserves the right to reject or postpone the review of an incomplete application  
The application must be signed by the REGISTERED OWNER