INCOMPLETE SUBDIVISION APPLICATION

TOWN OF SEXSMITH		
	ication for subdivision ap	states: "The subdivision authority, within 20 proval under Section 653(1) determine
period referred to in subsection	(1) may be extended by a determined the applica	rnment Act, SA 2000 as amended, the time agreement in writing between the applicant ition for subdivisionis
Further the Subdivision Authorit Subdivision Authority to conside		ide the following information for the te:
Please complete the following c Subdivision Authority of the Tov		extend the 40 day period within which the ke a decision.
		and to provide to the Subdivision Authority the tion within the time period agreed on this
Email Address:(by providing an em	nail address you are authorizing	g the Town to contact and notify you via email)
INFORMATION REQUESTED TO I	BE SUBMITTED BY:	
DAY	MONTH	YEAR
APPLICANT'S SIGNATURE:		_ DATE SIGNED:
CLIPDIVISION ALITHOPITY		DATE SIGNED: