



Mailing: 70 Kent Street
 Charlottetown, PE, C1A 1M9
 Email: planning@charlottetown.ca

Tel: 902-629-4158
 Fax: 902-629-4156
 Website: www.charlottetown.ca

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SUBDIVISION & LOT CONSOLIDATION APPLICATION

1. TYPE OF WORK

Subdivision Lot Consolidation

2. CONTACT INFORMATION

APPLICANT Name: _____ Address: _____
 Phone: _____ Cell: _____
 Email: _____ Postal Code: _____

OWNER Name: _____ Address: _____
 Phone: _____ Cell: _____
 Email: _____ Postal Code: _____

SURVEYOR Name: _____ Address: _____
 Phone: _____ Cell: _____
 Email: _____ Postal Code: _____

3. PROJECT INFORMATION

Project Location: _____
 Project Description: _____
 Present Zoning: _____
 Present Configuration (Number of Lots): _____ Proposed Configuration (Number of Lots): _____

4. RATIONALE (Please briefly explain the rationale for the request for subdivision/lot consolidation. Include attachments if necessary.)

5. APPLICATION REQUIREMENTS

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Application Form with Fees <ul style="list-style-type: none"> • Subdivision: \$200 plus \$40 for all lots over three (3). • Lot Consolidation: \$100 • Subdivision Roads & Services Agreements: \$900 | <input type="checkbox"/> Eight (8) Copies of Survey <ul style="list-style-type: none"> • Current Survey Plan showing the proposed Subdivisions or lot consolidations. | <input type="checkbox"/> Permission from Owner <ul style="list-style-type: none"> • If Applicant is not the property Owner, Owner must grant permission to apply. |
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6. DECLARATION & SIGNATURE

I do solemnly declare that I am the Authorized Agent of the Owner/the Owner named in the Application and certify that the statements contained are true and complete, and are made with full knowledge of the circumstances connected with this Application.

SIGNATURE OF APPLICANT: _____ **DATE:** _____