

**Municipality of the District of Lunenburg  
POLICY**

<b>Title:</b> Application Form for Repeal of Subdivision	
<b>Policy No.</b> MDL-82	
<b>Effective Date:</b> September 24, 2018	<b>Amended Date:</b>

The policy forms Schedule "E" of the Subdivision By-law.

SCHEDULE "E"  
Municipality of the District of Lunenburg  
Application for Repeal of a Plan of Subdivision

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**APPLICANT**

Phone No.(owner or agent) \_\_\_\_\_

Name of Land Owner(s) \_\_\_\_\_

Name of Owner's Agent (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

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**LAND**

Community Name \_\_\_\_\_ Street Address \_\_\_\_\_

Number of Buildings on the land \_\_\_\_\_

Number of Buildings built on the land after the Subdivision Plan was approved \_\_\_\_\_

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**APPROVED PLAN**

Date of Plan \_\_\_\_\_ Title of Plan \_\_\_\_\_

Surveyor \_\_\_\_\_ Surveyor's Plan # \_\_\_\_\_

Date of Approval \_\_\_\_\_ for lot(s) \_\_\_\_\_ Planning File # \_\_\_\_\_

Date of Registry Filing \_\_\_\_\_ Registry File # \_\_\_\_\_

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**REPEAL SOUGHT FOR**

Lot(s) \_\_\_\_\_ was/were approved and repeal is sought for approval of Lot(s) \_\_\_\_\_

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**OWNERS CERTIFICATE**

I certify that the information in this application is true and complete, and that I am the owner(s) of the land(s) to be affected by the repeal or am acting with the owner's consent.

Signature of owner/agent \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

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**SOLICITOR'S CERTIFICATE**

I certify that I have searched the title of the lands to be affected by this repeal of an approved plan of subdivision, that all persons whose interests are shown on the approved plan of subdivision or are registered at the Registry of Deeds have co-signed this application.

Signature and Seal of Solicitor \_\_\_\_\_ Date \_\_\_\_\_

**Clerk's Annotation for Official Policy Book**


Date of Notice to Council Members: August 28, 2018

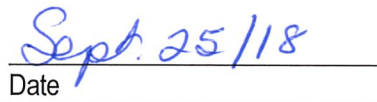
Date of Passage of Current Policy: September 24, 2018

Date of Notice to Council Members  
of Intent to Consider Amendments:

Date of Passage of Amendments:

I certify that this "Policy MDL-82" was adopted by Council as indicated above.

  
Municipal Clerk

  
Date