



# Subdivision Application – Request for Extension

Office Use			
Application No:		Application Fee:	Date Paid:
Expired Date:	Extended Expiry Date:		

## 1. Applicant Information

**Applicant Name:** \_\_\_\_\_

Phone/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

*Providing an email indicates your consent to receive all application-related correspondence by email*

**Registered Owner's Name(s):** \_\_\_\_\_

Phone/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

*Providing an email indicates your consent to receive all application-related correspondence by email*

## 2. Land Information

Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ W4M

Lot(s) \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Municipal/Street address: \_\_\_\_\_

## 3. Extension Request

Extension Period Requested: \_\_\_\_\_

***(not to exceed one year)***

## 4. Reason(s) for Request

\_\_\_\_\_  
\_\_\_\_\_

*The personal information requested on this form is being collected under the authority of Section 4(c) of the Protection of Privacy Act (POPA). The information will be used for the purpose for which it was collected. For further information about the collection and use of this information please contact Lethbridge County by email [atippcoordinator@lethcounty.ca](mailto:atippcoordinator@lethcounty.ca) or call 403-328-5525.*

**Date:** \_\_\_\_\_ **Applicant/Owner Signature:** \_\_\_\_\_

**Registered Owner's Signature:** \_\_\_\_\_

(Required, if different from applicant)