

LAC LA BICHE COUNTY
Box 1679
Lac La Biche, Alberta, T0A 2C0
Phone: (780) 623-1747

Request for Subdivision Extension Approval

Phone: (780) 623-1747 Lac La Biche County Toll Free: 1-877-806-5632 welcoming by nature. Fax Number: (780) 623-2039	OFFICE USE ONLY:
	Roll Number:
	File Number:
OFFICE USE ONLY:	DATE: / / / MM
nitial Date of Subdivision Authority Decision: / / MM DD	/ Extension Fee: YYYY Receipt No.:
Comments:	
DECISION: □APPROVED □NOT APPROVED DATE	E OF DECISION: / / / MM DD YYYY
INITIAL EXPIRY DATE: / / REQUESTE	
CONTACT INFORMATION	
Name of Registered Owner(s):	
Mailing Address:	
Telephone (Home): ()Telephon	ne (Work): (
Email address:	Fax:()
Name of Applicant:	
(if different from Mailing Address:	owner)
Telephone (Home): () Telephon	
Email address:	Fax:()
LEGAL DESCRIPTION OF THE SUBDIVISION FILE	
_ot, Block, Plan OR _ Range W4M	, 1/4 Section, Township,
Municipal Address (if applicable):	

REASON	
Please describe your progress made towards meeting the o subdivision and provide reasons for the time extension required):	
Signature of Applicant / Owner	Date (mm/dd/yyyy)

The personal information requested on this form is being collected in accordance with the Municipal Government Act (MGA) and is protected by the privacy provisions of the Freedom of Information and Protection of Privacy (FOIP) Act. If you have any questions about the collection, contact our FOIP Coordinator at (780)-623-6806.

REQUEST FOR EXTENSION
PLEASE ATTACH ADDITIONAL INFORMATION IF REQUIRED