



LAC LA BICHE COUNTY
 Box 1679
 Lac La Biche, Alberta, T0A 2C0
 Phone: (780) 623-1747
 Toll Free: 1-877-806-5632
 Fax Number: (780) 623-2039

Request for Subdivision Extension Approval

OFFICE USE ONLY:

Roll Number: _____

File Number: _____

DATE: ___ / ___ / ___ /
 MM DD YYYY

OFFICE USE ONLY:

Initial Date of Subdivision Authority Decision: ___ / ___ / ___ / Extension Fee: _____
 MM DD YYYY Receipt No.: _____

Comments: _____

DECISION: APPROVED
 NOT APPROVED

DATE OF DECISION: ___ / ___ / ___ /
 MM DD YYYY

INITIAL EXPIRY DATE: ___ / ___ / ___ / REQUESTED EXTENSION: ___ / ___ / ___ /
 MM DD YYYY MM DD YYYY

CONTACT INFORMATION

Name of Registered Owner(s): _____

Mailing Address: _____

Telephone (Home): (____) - _____ - _____ Telephone (Work): (____) - _____ - _____

Email address: _____ Fax: (____) - _____ - _____

Name of Applicant: _____

(if different from owner)

Mailing Address: _____

Telephone (Home): (____) - _____ - _____ Telephone (Work): (____) - _____ - _____

Email address: _____ Fax: (____) - _____ - _____

LEGAL DESCRIPTION OF THE SUBDIVISION FILE

Lot _____, Block _____, Plan _____ OR _____ ¼ Section _____, Township, _____ Range W4M

Municipal Address (if applicable): _____

