



BEAVER COUNTY

SUBDIVISION EXTENSION REQUEST

5120-50 St Box 140, Ryley, Alberta, T0B 4A0
Phone (780) 663-3730 Fax (780) 663-3602

Website: www.beaver.ab.ca E-mail: administration@beaver.ab.ca

Date: _____ Subdivision File # _____

NAME OF APPLICANT(s): _____

Address: _____ Muni. _____ Postal Code: _____

Phone #: _____ Alternate Phone #: _____

Fax: _____ E-mail: _____

Legal Description: ¼ ___ Section: ___ Twp: ___ Rge: ___ W4

Lot: _____ Block: _____ Plan: _____

To whom it may concern:

I, _____, would like to request a:

1st Extension

2nd Extension

Other

to the conditional approval of Subdivision File # _____. I am aware that the following conditions are incomplete or outstanding:

I plan to have the outstanding conditions completed by _____

I am aware that this request may not be approved and if this is the case then my subdivision conditions will expire on the date in my original approval. A new subdivision application and approval will be required to proceed with obtaining a new title.

Applicant(s) Signature:

FOR OFFICE USE ONLY:		Extension Application Fee:	
Request Received: _____	Receipt #: _____	No fee	No referral required and for 1st Extension only
Current Expiry Date: _____	Reviewed by: _____	\$100.00	No referral required
Decision Date: _____	Extension: Approved or Denied	\$150.00	Referral required
New Extension Date: _____	Notice Sent: _____		