



REQUEST FOR SUBDIVISION TIME EXTENSION

PRMS File Number

Name of Registered Owner(s)	Name of Applicant (if different from Registered Owner)
Mailing Address	Mailing Address
Telephone Number	Telephone Number

Name of Municipality								
Legal Description	Lot	Block	Plan	OR	Section	Township	Range	Meridian

Expiry date of subdivision approval: ____/____/____ Extended time requested: ____/____/____

Reason for extension request (attach additional information if required)

Signature of Applicant/Owner
Date

Forward this form and the supporting documentation to:
115 Palliser Trail, P.O. Drawer 1900, Hanna, Alberta T0J
1P0 tel 1-877-854-3371 fax 403-854-4684