

## SUBDIVISION REQUEST

### LOCATION

#### Address of the property

Civic n°

Street name

City

Province

Postal code

Lot(s) number(s)

### IDENTIFICATION OF THE APPLICANT

**Applicant** \*If the applicant is not the owner of the property, please fill up the proxy attached to this form.

Last name

First name

#### Address of the applicant

Civic n°

Street name

City

Province

Postal code

#### Applicant's information

E-mail

Phone number

### DESCRIPTION OF THE REQUEST

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Signature of the applicant

Date



## SUBDIVISION REQUEST

### REQUIRED DOCUMENTS

- Application form;
- Proxy, if applicable;
- Certificate of location;
- Cadastral plan signed by a land surveyor;
- Annex plan prepared by a land surveyor, showing any easement, existing or planned, for the passage of an aerial or underground public service infrastructure, if applicable.

## PROXY

### OWNER'S INFORMATION

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone number

### ADDRESS OF THE IMPLICATED PROPERTY

\_\_\_\_\_  
Civic n°

\_\_\_\_\_  
Street name

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal code

\_\_\_\_\_  
Lot (s) n°

### AUTHORIZED REPRESENTATIVE'S INFORMATION

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone number

### ADDRESS OF THE REPRESENTATIVE

\_\_\_\_\_  
Civic n°

\_\_\_\_\_  
Street name

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal code

### OWNER'S AUTHORIZATION

*The owner authorizes his representative, named above, to submit to the Town of Mount Royal, one or more requests provided in the by-law, namely :*

- Consult my property's file (including the plans) and obtain a copy  
 Consult and obtain copy of the plans only  
 Complete an application for a permit or a certificate  
 Other request, please specify the nature :

\_\_\_\_\_  
Other request's specification

*The owner also authorizes his representatives, named above, to sign the documents and commitments required for the submission of this application for the property indicated above.*

### OWNER'S SIGNATURE

*I declare to be the owner of the building and I authorize my representative to submit to the Town of Mount Royal one or several application (s) as listed above.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date