



REQUEST FOR SUBDIVISION CONDITIONAL APPROVAL TIME EXTENSION

Use this form to request an extension to a Subdivision Conditional Approval. Extensions will be granted in increments of one year. Be sure to complete all applicable fields. Missing information may delay the review. Completed forms or questions may be directed to **subdivisions@edmonton.ca**.

Subdivision Authority File Number: LDA____ - _____

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

Legal Description	Lot	Block	Plan	Section	Township	Range	Meridian
OR							

Original Subdivision Conditional Approval date (mm/dd/yyyy):

Expiry date of Subdivision Conditional Approval (mm/dd/yyyy):

Stage number (if applicable):

Servicing Agreement number (if applicable):

Additional context/information you would like the Subdivision Authority to consider as part of the request:

Signature of Applicant/Owner

Date