## City of Whitehorse Subdivision Application – SUBDIVISION (FORM A)

Application type: FOR OFFICE USE		R OFFICE USE ONLY			
By plan of subdivision		Date of receipt	File No.		
By plan of boundary realignment	Whitehorse	e			
By other instrument	THE WILDERNESS CITY	Fees Submitted:			
THIS FORM IS TO BE COMPLETED IN FULL WHEREVER APPLICABLE BY THE REGISTERED OWNER OF THE LAND THE SUBJECT OF THE APPLICATION OR BY AN AUTHORIZED PERSON ACTING ON THEIR BEHALF.					
1. <b>REGISTERED OWNER (S)</b> of the subject land	Address				
(name in block capitals)	Phone Number				
(name in block capitals)	Email Address				
2. AUTHORIZED AGENT acting on behalf of ow	ner Address				
(Name of Agent in block capitals)	Phone Number				
(Company name in block capitals)	Email Address				
3. CANADIAN LAND SURVEYOR If not Authorize	zed Agent Address				
(Name of Agent in block capitals)	Phone Number				
(Company name in block capitals)	Email Address				
4. LEGAL DESCRIPTION OF LAND to be subdi	vided or realigned				
All/part of		Plan Number (LTO)			
Block/Quad		Certificate of Title #			
All/part of		Plan Number (LTO)			
Block/Quad		Certificate of Title #			
All/part of		Plan Number (LTO)			
Block/Quad		Certificate of Title #	_		
(Addition parcel information may be included of	on the reverse on this form)		LTO denotes Land Titles Office		
5. CAVEATS OR ENCUMBRANCES (easement documents) registered against the title					
<ul> <li>a) Are there any easements or restrictive covenants affecting the subject lands?  Yes  No</li> <li>If Yes, describe each easement and/or covenant and its effect:</li> </ul>					
Reference Plan No. Instrument No.	Purpose of Easement and/or	Covenant (e.g. hydro, s	sewer, pipeline, etc.)		

6. <b>MU</b>	NICIPAL ADDRESS OF LAND to be subdivided or realigned			
	, Whitehorse, Yukon	_, Whitehorse, Yukon		
7. <b>OC</b>	P, ZONING AND DEVELOPMENT OF LAND to be subdivided or realigned			
a)	What is the land use designation of the site in the Official Plan?			
c)	Has a separate application for an Official Plan Amendment been made?			
d)	What is the current zoning of the subject lands?			
f)	If No, have you made a concurrent application for rezoning?   YES   NO			
c)	Is your lot currently under a Development Permit? YES NO			
	If YES please include a copy of the approved Development Permit drawing for our review			
e)	Is your lot currently under a Building Permit?   YES   NO			
	If YES please include a copy of the most current Building Permit drawing.			
8. <b>LO</b>	CATION OF LAND to be subdivided or realigned			
a.	Is the land situated within 30 metres of a river, stream, watercourse, lake or other permanent body of water, or a ditch?    Yes    No	canal or drainage		
	If yes, state its name			
b.	Is the land situated within 30 metres of a steep slope greater than 30% or escarpment?			
	If yes, to question a. or b. please include buffers and setbacks on plan and/or geotechnical support for your subdiv	vision		
c.	State the name of the road which will provide legal access to the lot(s)			
9. <b>EXI</b>	STING AND PROPOSED USE OF LAND to be subdivided or realigned			
a.	Describe existing use of the land			
b.	Describe proposed use of the land			
10. <b>P</b> F	HYSICAL CHARACTERISTICS OF LAND to be subdivided or realigned			
a.	Is there a geo-technical survey report for the land to be subdivided or realigned?	□ No		
b.	Is there a topographic survey or drainage plan for the land to be subdivided or realigned?	□No		
C.	Is there an engineered servicing design plan for the land to be subdivided or realigned?	☐ No		
11. <b>EX</b>	(ISTING BUILDINGS ON THE LAND PROPOSED to be subdivided or realigned			
a.	Describe any buildings, historical or otherwise, and any structures on the land and whether they are to be demolis	hed or moved		
b.	Are all buildings and structures depicted on the proposed subdivision sketch?	☐ Yes ☐ No		
12. <b>R</b>	EGISTERED OWNER (or Authorized Agent)			
I, _	hereby certify that I am the registered owner (or authorized ager (full name in block capitals)	nt) and that the		
	(full name in block capitals)			
	rmation given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relabilistation / realignment approval.	ating to this application		
Add	Address Phone number			
Em	nail Address			
Da	te Signature			
	te Signature (signature of registered owner or authorize	ed agent)		