

Phone: (403) 329-1344 Toll-Free: 1-844-279-8760 E-mail: subdivision@orrsc.com Website: www.orrsc.com

## **Subdivision Application – Request for Extension**

ORRSC file number:		Expired	d Date:	
Previous Extension Ap	pproved: Yes 🗌 No 🔲	Extension Pe	riod Requested:	(not to exceed one year)
ORRSC Fee submitted	d: 1 <sup>st</sup> Request (\$375.00	)	st (\$475.00)	3 <sup>rd</sup> Request (\$575.00)
Name of registered ow	vner(s):			
Owner's address:				
	City	Province	Postal Code	Cell Phone
	Home Phone		Email	<del> </del>
Name of Applicant:	(if different from owner)			
Applicant's address:				
	City	Province	Postal Code	Cell Phone
	Home Phone		Email	
Legal description:	Lot or C	Condo unit	Block	Plan
	Quarter Section	on Town	ship Range	e Meridian
Reason(s) for Reques	t:			
Signature of the Applicant/Owner			Date	<del> </del>