



5 St. Anne Street
St. Albert, AB
T8N 3Z9
Phone: 780- 459-1642
Fax: 780- 458-1974

CITY OF ST. ALBERT SUBDIVISION TIME EXTENSION AGREEMENT

Date (MM/DD/YYYY): _____

File No.: _____

MUNICIPAL GOVERNMENT ACT, REVISED STATUTES OF ALBERTA, 2000, CHAPTER M-26

This is an agreement between _____ (print applicant's name)
and the City of St. Albert, which is an extension to the subdivision processing period.

I, _____ (applicant's signature)
of _____ (address)

the applicant, being fully aware of my rights under Section 6 of the Subdivision and Development
Regulation and Section 681 of the Municipal Government Act, do hereby on my own volition agree
to an extension of:

30 60 90 or _____ (# days) to the normal subdivision processing period.

| |
|--|
| <p><i>For Administration purposes only:</i></p> <p>Date application accepted: _____</p> <p>Deemed refusal date will be: _____</p> |
|--|