



NOTIFICATION: SUBDIVISION APPLICATION DEEMED COMPLETE

FORM F

Village of Rycroft, 4703 – 51st Street, Box 360, Rycroft, AB, T0H 3A0
W: www.rycroft.ca | E: rycroft@rycroft.ca | T: (780) 765-3652 | F: (780) 765-2002

Date: _____ Applicant Name: _____

Address: _____

Proposed Subdivision: _____

Legal Description: _____

Permit Number: _____

Date Received: _____

Please be advised that your Subdivision Permit Application has been **deemed complete**.

Review of this application has now commenced. The Village has 60 days from the date of this notice to make a decision on your subdivision permit application. If a decision is not rendered within 60 days, you may consider this application refused and an appeal may be submitted to the Intermunicipal Subdivision and Development Appeal Board. Alternatively, the Development Officer may request an extension should additional time be required for review.

Yours truly,

Printed Name

Signature

Authorized Authority on Behalf of the Village of Rycroft: _____