

SCHEDULE "F"  
Lunenburg Municipality  
Application for Repeal of a Plan of Subdivision

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**APPLICANT**

Phone No.(owner or agent) \_\_\_\_\_

Name of Land Owner(s) \_\_\_\_\_

\_\_\_\_\_  
Name of Owner's Agent (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

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**LAND**

Community Name \_\_\_\_\_ Street Address \_\_\_\_\_

Number of Buildings on the land \_\_\_\_\_

Number of Buildings built on the land after the Subdivision Plan was approved \_\_\_\_\_

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**APPROVED PLAN**

Date of Plan \_\_\_\_\_ Title of Plan \_\_\_\_\_

Surveyor \_\_\_\_\_ Surveyor's Plan # \_\_\_\_\_

Date of Approval \_\_\_\_\_ for lot(s) \_\_\_\_\_ Planning File # \_\_\_\_\_

Date of Registry Filing \_\_\_\_\_ Registry File # \_\_\_\_\_

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**REPEAL SOUGHT FOR**

Lot(s) \_\_\_\_\_ was/were approved and repeal is sought for approval of Lot(s) \_\_\_\_\_

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**OWNERS CERTIFICATE**

I certify that the information in this application is true and complete, that I am applying for repeal of this Plan of Subdivision with the full knowledge and consent of all persons with legal interest in the lands affected by the repeal and these persons have co-signed this application.

Signature of owner/agent \_\_\_\_\_ Date \_\_\_\_\_

Co-Signers \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

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**SOLICITOR'S CERTIFICATE**

I certify that I have searched the title of the lands to be affected by this repeal of an approved plan of subdivision, that all persons whose interests are shown on the approved plan of subdivision or are registered at the Registry of Deeds have co-signed this application, and that this land is free of all registered encumbrances.

Signature and Seal of Solicitor \_\_\_\_\_ Date \_\_\_\_\_