

SUBDIVISION APPLICATION CHECKLIST



Every application shall be made in writing to the City's **Subdivision & Lands Coordinator**, and shall be accompanied by:

A **Subdivision Application Form 1A**, completed and signed;

Three (3) copies of a **Proposed Subdivision Sketch**, prepared by a Canada Lands Surveyor, which shows at a suitable scale:

- i. a bold line indicating the boundaries of the land to be subdivided;
- ii. location, boundaries, dimensions and areas of all proposed lots, roads and greenbelts;
- iii. location, width and names of all highways and roads on which the subdivision area abuts;
- iv. location of any buildings or improvements within the subdivision area showing dimensioned offsets to existing and proposed boundaries;
- v. location of proposed roads within the subdivision area and access connections to existing roads;
- vi. location of all land dedicated for public use, as required by the Municipal Act;
- vii. location of all buffer strips as may be required;
- viii. location of all surface water bodies within the subdivision area;
- ix. a point indicating north;
- xi. the scale of the plan;

A copy of the **Certificate of Title for all property involved** obtained from the Yukon Government Land Titles Office (located 1st Floor – Law Courts Building, Second Avenue);

A **Tax Receipt** showing that all current taxes on the land have been paid. Contact the City's Tax Clerk (668-8608) and note that the request is for a subdivision application (no fee);

Letter of Authorization – if applicant is not the owner of the subject property, a letter must be provided from the owner authorizing the applicant to act on his/her behalf;

Letter of Yukon Government Survey Authority – if subject property involves Commissioner's land, a copy of the Yukon Government's Survey Authority Letter and Sketch is required;

The **Subdivision Application Fee** (non-refundable), payable to the City of Whitehorse:

- **\$100.00** per lot being created, minimum fee of **\$250.00** to a maximum of **\$1,000.00**
- **Boundary Alignment - \$50.00** (per boundary being re-aligned)
- Subdivision by way of **Consolidation - \$50.00**
- Subdivision by way of **Condominium - \$50.00** per unit to a maximum of **\$500.00**

Please Note:

Additional information may be required for the subdivision approving authority to determine the suitability of the land for the proposed subdivision, pursuant to the **Subdivision Control Bylaw 2012-16**. All subdivision applications must conform to the development regulations defined by the City's Zoning Bylaw 2012-20. Applications may also be subject to the requirements of additional City bylaws and policies, such as the Residential Development Cost Charges Bylaw 2012-12 and the requirement for Public Use Land Dedication. Please contact the Subdivision & Lands Coordinator for more information on these requirements.

Contact Information:

City of Whitehorse
Planning & Building Services
2121 Second Avenue
Phone: 668-8346 Fax: 668-8395


Pat Ross, Manager, Planning & Building Services	668-8333
Cathy Small, Land Development Supervisor	668-8319
Mark Browning, Subdivision & Lands Coordinator	668-8347
Nick Marnik, Subdivision & Lands Coordinator	334-7228

FOR OFFICE USE ONLY

APPLICATION COMPLETED: DATE: _____ SIGNED: _____

City of Whitehorse Subdivision Application

FORM 1 A

Application type: <input type="checkbox"/> By plan of subdivision <input type="checkbox"/> By plan of consolidation <input type="checkbox"/> By plan of boundary realignment <input type="checkbox"/> By plan of condominium <input type="checkbox"/> By other instrument		FOR OFFICE USE ONLY	
		Date of receipt	File No.
		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. **REGISTERED OWNER** of the subject land Address and Phone Number

(name in block capitals)

E-mail _____

2. **AUTHORIZED AGENT** acting on behalf of owner Address and Phone Number

(name in block capitals)

3. **LEGAL DESCRIPTION OF LAND TO BE SUBDIVIDED / CONSOLIDATED / REALIGNED**

All/part of _____ LTO Plan No. _____ C.O.T. No. _____

All/part of _____ LTO Plan No. _____ C.O.T. No. _____

All/part of _____ LTO Plan No. _____ C.O.T. No. _____

(Addition parcel information may be included on the reverse on this form)

LTO denotes *Land Titles Office*
C.O.T. denotes *Certificate of Title*

4. **MUNICIPAL ADDRESS OF LAND TO BE SUBDIVIDED / CONSOLIDATED / REALIGNED**

_____, Whitehorse, Yukon Territory

_____, Whitehorse, Yukon Territory

5. **LOCATION OF LAND TO BE SUBDIVIDED / CONSOLIDATED / REALIGNED**

a. Is the land situated within 30 metres of a river, stream, watercourse, lake or other permanent body of water, or a canal or drainage ditch?
 Yes No

b. If yes, state its name _____

c. State the name of the road which will provide legal access to the lot(s) _____

6. **EXISTING AND PROPOSED USE OF LAND TO BE SUBDIVIDED / CONSOLIDATED / REALIGNED**

a. Describe existing use of the land _____

b. Describe proposed use of the land _____

7. **PHYSICAL CHARACTERISTICS OF LAND TO BE SUBDIVIDED / CONSOLIDATED / REALIGNED**

a. Is there a geo-technical survey report for the land to be subdivided / consolidated / realigned? Yes No

b. Is there a topographic survey or drainage plan for the land to be subdivided / consolidated / realigned? Yes No

c. Is there an engineered servicing design plan for the land to be subdivided / consolidated / realigned? Yes No

8. **EXISTING BUILDINGS ON THE LAND PROPOSED TO BE SUBDIVIDED / CONSOLIDATED / REALIGNED**

a. Describe any buildings, historical or otherwise, and any structures on the land and whether they are to be demolished or moved

b. Are all buildings and structures depicted on the proposed subdivision sketch? Yes No

9. **REGISTERED OWNER (or Authorized Agent)**

I, _____ hereby certify that I am the registered owner (or authorized agent) and that the
 (full name in block capitals)

information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application for subdivision / consolidation / realignment approval.

Address _____ Phone number _____

Date _____ Signature _____
 (signature of registered owner or authorized agent)

FURTHER INFORMATION MAY BE PROVIDED BY APPLICANT ON THE REVERSE OF THIS FORM