Condominium Conversion Application

Applicant Information Name of Applicant:	:			CC No.	
Mailing Address:					
Street Name	e City	Province		Postal Code	
Phone Number:		Fax Number:		Email:	
Registered Owner (If d	ifferent from al	bove):			
Name:		Phone Number:		Email:	
Mailing Address:					
	Unit #	Street Name	City	Province	Postal Code
Number of units in the by the Application and any the	+\$300 for adv e submitted w uired informat related docu	rertising) and the results vith application. Application is submitted. mentation can be sub	Zo s throughout to ation review a	and processing can take a lutions@citypa.com or	4 to 8 weeks for the by mail or in
person at the Communit Amount Paid:	•				
Declaration of Applica I hereby certify that all the declaration consciention under oath, and by virtue I agree to comply with the Signature of Owner or Application to the complex of the	int the above stausly believing the of <i>The Cal</i> the conditions	atements contained was it to be true, and known adian Evidence Act. The sof approval and the	vithin this ap owing that it Zoning Byla	plication are true, and is of the same force an wand/or other City Byla	I make the solemn d effect as if made
The City of Prince Albert is committee and Protection of Privacy Act (LAFO without your express consent pursua email cityclerk@citypa.com or call 30	IP) and will only be unt to LAFOIP and the	used for the purpose for which it was City of Prince Albert's policies.	was collected. Person	onal information will not be shared on a City Clerk's Office, 1084 Central A	r used for any other purpose

Conditions of Approval: