

# Walkway Closure Application

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**Applicant Information****Bylaw No.**

Name of Applicant: \_\_\_\_\_

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

Street Name

City

Province

Postal Code

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Registered Owner (If different from above):** \* Owner authorization is required if the applicant is not the owner

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Street Name

City

Province

Postal Code

**Description of where the walkway is located:** \_\_\_\_\_**Subject Property:** \_\_\_\_\_

Lot

Block

Plan

**Reason for walkway closure request (attach additional documentation if needed):****Please Note:**

The application fee (\$500 + advertising), and justification for the amendment must be submitted with application. Application review and processing can take 6 to 8 weeks from date of application if all required information is submitted.

The application and any related documentation can be submitted to [pds@citypa.com](mailto:pds@citypa.com) or by mail or in person at Planning & Development Services, City Hall, 1084 Central Avenue, Prince Albert SK S6V 7P3.

**Declaration of Applicant**

I hereby certify that all the above statements contained within this application are true, and I make the solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of The Canadian Evidence Act.

I agree to comply with all the City of Prince Albert's Bylaws and any conditions of approval that are set by the City of Prince Albert.

Signature of Owner or Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

The City of Prince Albert is committed to protecting your privacy. Personal information collected on this form is in accordance with *The Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP)* and will only be used for the purpose for which it was collected. Personal information will not be shared or used for any other purpose without your express consent pursuant to *LAFOIP* and the City of Prince Albert's policies. Please contact The City Clerk's Office, 1084 Central Avenue, Prince Albert SK, via email [cityclerk@citypa.com](mailto:cityclerk@citypa.com) or call 306-953-4305 for questions about the access, use, and disclosure of your personal information.

This application has been approved this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Development Officer: \_\_\_\_\_ Council Date &amp; Resolution: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_