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 at	pove):			
Name:		Phone Number:		Email:	
Mailing Address:					
	Unit #	Street Name	City	Province	Postal Code
Please note: The application fee (\$500 Conversion Policy must b approval process if all required The application and any	+\$300 for advection e submitted wurked information	ertising) and the resulted ith application. Application is submitted.	s throughout t ation review a	and processing can take	4 to 8 weeks for the
person at Planning & De	velopment Se	ervices, City Hall, 108	4 Central Ave	enue, Prince Albert SK	S6V 7P3.
Amount Paid:		_ Date Paid:		Receipt No.:	
Declaration of Applicate I hereby certify that all the declaration consciention under oath, and by virture I agree to comply with the	he above stausly believing e of <i>The Car</i>	it to be true, and kno nadian Evidence Act.	owing that it	s of the same force an	d effect as if made
Signature of Owner or Authorized Agent:				Date:	
The City of Prince Albert is committed and Protection of Privacy Act (LAFO) without your express consent pursua email cityclerk@citypa.com or call 30	P) and will only be unterpreted to the contract to the contract the co	used for the purpose for which it was e City of Prince Albert's policies.	was collected. Perso Please contact The	onal information will not be shared on a City Clerk's Office, 1084 Central A	r used for any other purpose

Conditions of Approval: