



Office Use Only

Submission Date: _____

Roll: _____

File: _____

Development Permit Application CONDOMINIUM PLAN REVIEW

(Please print and complete ENTIRE form)

SITE OF REQUEST

Complete Civic Address: _____

Legal Land Description: _____ Zoning: _____

APPLICANT

Name: _____ Email: _____

Mailing Address: _____ Phone: _____

PROPERTY OWNER

Name: _____ Email: _____

Mailing Address: _____ Phone: _____

ADDITIONAL REQUIREMENT LIST

- 1. A minimum of two (2) copies of the Condominium Plan (one copy to be at 11" x 17")
- 2. The required Certificate of Municipal Authority form

Applicant:

- I understand that it may take up to five (5) business days to process the application.
- I am aware that review of this Condominium Plan may be delayed due to contravention(s) of the Land Use Bylaw or past applicable Development Approvals.

Signature of this document indicates your acknowledgment of the requirements listed above.

Name of Applicant (please print)

Signature of Applicant