

Application for a Condominium Certificate

February 2008

The undersigned hereby makes application to the Town of Claresholm for a **Condominium Certificate** pursuant to the provisions of the Condominium Property Act and in accordance with the plans and supporting information submitted herewith, which form part of the this application.

FOR OFFICE USE ONLY					
Roll Number:			Application Number:		
Name of Applicant(s):					
Applicant's Mailing Address:		Postal Code	Phone: Fax:		
Name of Registered Owner(s) of Propert	y:				
Registared Owner's Mailing Address:		Postal Code	Phone: Fax:		
Civic Address of Property:					
Legal Land Description:		Year of Construction	Proposed # of Units		
Lot Block	Plan				
Applicants Signature					
Registered Owners Signature					

This is not a Development Permit, a Building Permit or an Occupancy Permit.

The applicant is not excused from complying with the requirements of any Federal, Provincial or other Municipal legislation or the conditions of any easement, covenant, building scheme or agreement affecting the building or land.

R OFFICE USE ONLY			
CONDOMINIUM CERTIFIC	CATE		
In accordance with Secition 10(1)(b)(ii) of the Condominium Property the division of the building, as illustrated in the plan submitted with the Town of Claresholm.		•	
Development Authority:		Apı	proval Date
	Month	Day	Year
Signature of the Development Authority:			