

## **Application Form**

## **REGISTRATION OF CONDOMINIUM PLAN**

Date of Application: \_\_\_\_\_\_ File No.:\_\_\_\_\_

Applicant Information	
Registered Owner(s) of the Site  Name:	Authorized Agent to Act on Behalf of Owners Name:
Address: Postal Code:	Address: Postal Code:
City/Prov.:	City/Prov.:
Phone: Fax:	Phone: Fax:
E-mail:	
	E-mail:
Property Information	
Legal Description:	
Civic Address:	
Description of existing use of land and building(s), including number of buildings and number and type of units (attach additional notes if necessary):	
Is this application to convert an existing building?  If yes: 1. Please refer to City of Saskatoon Policy C09-004 Condominium Approvals and attach all required documentation referred to therein; and,  2. You must notify any tenants who move into the building after this application has been filed of this proposed conversion.	
Required Attachments	
Please provide the following information for our consideration and records:	
1. Site Plan: New Condominium: 1 copy of a Condominium Plan prepared by a Re the working drawings, including a site plan for this proposal;	gistered Land Surveyor, and 1 copy of Plan Attached
OR <u>Condominium Conversion</u> : 2 copies of as-built drawings, including site	e plan; a Condominium Plan prepared Plan Attached
by a Registered Land Surveyor is required before final approval  2. Additional Information:  Copy Attached	
In the case of existing building conversions, attach all required docum	
Policy C09-004 Condominium Approvals  3. Application Fee: I have enclosed the required non-refundable application fee: - \$845.00 for the registration of a condominium plan for new deversity of the registration of a condominium plan involving the	
plus per unit fee of \$250.00 per unit (with no maximum)	conversion of an existing banding,
Declaration of Applicant	
I hereby certify that all the above statements contained within this application are true, and I make this 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 <i>The Canada Evidence Act</i> .	
Signature of Applicant:	Date:
FOR OFFICE USE ONLY:  Cash Receipt No.: Amount Paid	: Cheque No.: