

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:F	ax:	
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 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 record	ds:		
1. Site Plan: New Condominium: 1 copy of a Condominium Plan prepared by a Registered Land Surveyor, and 1 copy of the working drawings, including a site plan for this proposal;			
OR <u>Condominium Conversion</u> : 2 copies of as-built drawings, including	site plan; a Condominium Plan prepared	Plan Attached	П
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 doc	umentation as per City of Saskatoon	Copy Attached	
Policy C09-004 Condominium Approvals		F A#bd	
Application Fee: I have enclosed the required non-refundable application fee:		Fee Attached	П
- \$802.74 for the registration of a condominium plan for new de	evelopment		_
- \$750.00 for the registration of a condominium plan involving the	ne conversion of an existing building,		
plus per unit fee of \$250.00 per unit (with no maximum)			
Declaration of Applicant			
I hereby certify that all the above statements contained wit conscientiously believing it to be true, and knowing that it is virtue of <i>The Canada Evidence Act</i> .			
Signature of Applicant:	Date:		
FOR OFFICE USE ONLY:			
Cash Receipt No.: Amount Pa	aid: Cheque	No.:	

RETURN TO CITY OF SASKATOON, PLANNING & DEVELOPMENT, 222-3rd AVE NORTH, SASKATOON, SK S7K 0J5 306-975-2645

Last Updated On: 01/06/21