



APPLICATION FOR CONDOMINIUM CONVERSION

THIS FORM IS TO BE COMPLETED IN FULL, WHEREVER APPLICABLE, BY THE REGISTERED OWNER OF THE LAND THAT IS THE SUBJECT OF THE APPLICATION OR BY A PERSON AUTHORIZED TO ACT ON THE REGISTERED OWNER'S BEHALF

Name of registered land owner: _____

Owner's address and phone: _____

Name of agent (authorized to act on behalf of owner), if any: _____

Agent's address and phone: _____

LEGAL DESCRIPTION

All / part of the ¼ Section _____ Township _____ Range _____ West of _____ Meridian

Being all / part of Lot _____ Block _____

Registered Plan Number: _____

Certificate of Title Number: _____

Municipal Address (if applicable): _____

LAND USE

Existing use of the land: _____

Proposed number of units: _____

Number of parking stalls on site: _____

Designated use of the land, as classified under the Edmonton Zoning Bylaw No. 12800: _____

REGISTERED OWNER OR AGENT

I _____ hereby certify that

I am the registered owner, or

I am the agent authorized to act on behalf of the registered owner

and that the information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application for condominium conversion.

Signature: _____

Date: _____