

Municipal Addressing Application

APPLICATI	ON NO	
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Planning and Development Department

Signature

To facilitate the thorough evaluation and timely decision of your application all materials submitted must be clear, legible, precise. Thank you for your cooperation.

PLEASE PRINT				
APPLICANT'S INFORMATION				
Applicant Name: Mailing Address: Daytime Phone: Email Address:	Alternate:	Postal Code: _ Fax:		
PROPERTY INFORMATION Civic Address [if available]: Legal Land Description: Lot Condominium Legal Description: C Alberta Township Grid System: LS Existing Use of Land or Building:	_ Block Condominium Unit D Sec	_Plan Plan Twp	_ Rge	 W4M
Existing Ose of Land of Building.	Commercial Industrial			
Addressing Request Type: Number of Civic/ Unit Addresses F		Unit		
REGISTERED OWNER'S INFOR	MATION			
Registered Owner's Name: Mailing Address:		Postal Code:		
Mailing Address: Daytime Phone: Email Address:	Alternate:	Fax:		
REGISTERED OWNER'S AUTHO I, (print name) a) I am the registered or b) I have been designat (written consent attached).	PRIZATION (OR AGE hereby wner of the land desc	certify that: (please ribed above; or		

Date



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Document Checklist

Planni	ing and Development Department
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	CERTIFICATE OF TITLE: Please provide a Certificate of Title issued no more than 30 days prior to the
	date of application submission.
	OWNER'S AUTHORIZATION: If Applicant is not the registered owner, a letter of authorization from the owner
	shall accompany the application.
	DEVELOPMENT PERMIT OR BUSINESS LICENSE DETAILS: If this is a new facility or use, please provide a copy of the development permit obtained from the Planning and Development department for reference.
	SITE PLAN . Please provide a context sketch for the facility that requires new addresses in relation to the new address being requested.
	FLOOR PLAN . For unit address requests, please provide a floor plan showing the dedicated exterior access for each unit, along with the dimensions of each unit and building.
	OTHER INFORMATION: Please provide any additional details relevant to the application in the space below.

The personal information on this form is authorized under Section 4(c) of the *Protection of Privacy Act* and is managed in accordance with the *Act*. The personal information will be used as contact information and to process your application. If you have questions about the collection or use of your personal information, please contact PULSE at 780-743-7000, 1-800-973-9663, or online at rmwb.ca/pulse.