

Planning & Development Services
Regional Municipality of Wood Buffalo

Office: 9909 Franklin Avenue, Fort McMurray, AB T9H 2K4

T: 780-793-1043 E: permit.inquiries@rmwb.ca

Compliance Certificate Application Form

OFFICE USE ONLY DP #
Fee:
Receipt No:

Purpose: A Compliance Certificate Application is used to obtain confirmation from the Municipality that the building(s) and development(s) shown on a Real Property Report meet the separation distance, yard, and building setback regulations of the Land Use Bylaw.

This Application Form shall be **complete** and include an attached Development Permit Checklist. Please Note:

- **NO DEVELOPMENT** shall commence without a valid Development Permit. Any work started prior shall be subject to a double fee penalty and further enforcement actions;
- An **Administrative Fee** will be withheld for any refunds. Please note that all applicable permit refunds will be issued by cheque only; and,
- Submission of a duly signed application form authorizes the Development Officer to enter the property to carry out inspections necessary for this development.

All boxes shall be "CHECKED" and information indicated attached to the application.

OFFICE	APPLICATION SUBMISSION REQUIREMENTS				
		1.	Real Property Report: no more than 1 year old at the time of application, must be submitted with this application.		
		2.	Copy of Current Certificate of Title(s): no more than 30 days old at time of application and may be obtained from Alberta Registries Office.		
		3.	Is this a Rush Compliance? Please note, rush compliance certificates are completed within 24 hours and fees are doubled. Yes		
			No		

PLEASE PRINT

☐ Applicant and Owner I	nformation:		
Applicant Name:			
Mailing Address:			
		Postal Code:	
Daytime Phone:	Alternate:	Fax:	
Email Address:	<u> </u>		
Registered Owner(s):			
Mailing Address:			
		Postal Code:	
Daytime Phone:	Alternate:	Fax:	
Email Address:			
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☐ Property Information				
Legal Land Description ¹ : Lot:	Block:	Plan:		
Civic Address for Compliance:				
Alberta Township Grid System: LSD	Sec	TWP	Range	W4M
☐ Credit Card Information				
Credit Card #:		Card Type	e:	
Card Holder's Name:		Expiry Da	te:	CVV:
☐ Registered Owner (or person acting	on the registered o	wner's behalf)		
I,			hereby	certify that
☐ I am th	ne registered owner,	or		
☐ I am th	ne agent authorized	to act on behalf of th	ne registered	owner
and that the information given on this for		lete and is, to the be	est of my knov	wledge, a
true statement of the facts relating to the	nis application.			
Signature		Date		

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.