

# Town of Alberton

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ALBERTON  
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COB 1B0 Canada



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*The Heart of West Prince*

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## PROPERTY DEVELOPMENT APPLICATION

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Applicant's name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Owner of property if different than applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Location of property: Street \_\_\_\_\_

Between the property of \_\_\_\_\_ and the property of \_\_\_\_\_

Property Tax number: \_\_\_\_\_ Property Area: \_\_\_\_\_

Property width: \_\_\_\_\_ FT. Property depth: \_\_\_\_\_ FT.

Application is for land subdivision  Number of Lots \_\_\_\_\_

New Building Construction  Renovations, repairs, or extensions

Changing use of property  Moving Building

Proposed use of property and/or building \_\_\_\_\_

The work consists of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Building ground floor: Length \_\_\_\_\_ FT. Width \_\_\_\_\_ FT. Height \_\_\_\_\_ FT.

Area: \_\_\_\_\_ Sq. FT. Number of storeys: \_\_\_\_\_

Total floor area: \_\_\_\_\_ Sq. FT. Estimated cost of project: \$ \_\_\_\_\_

I hereby certify that the information on this application is correct and that the work will be done in accordance with the information given.

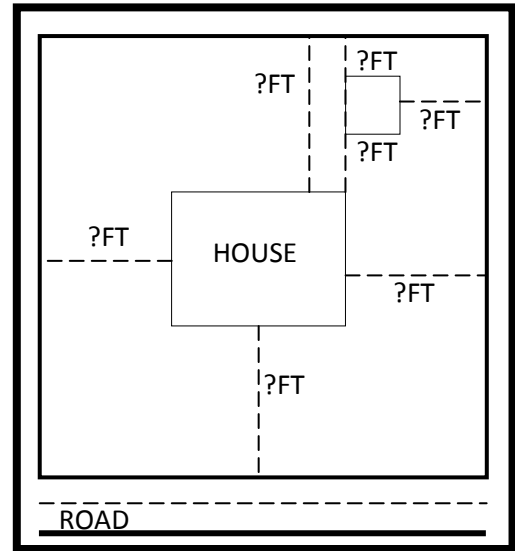
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

PLEASE NOTE THERE IS A TWENTY-ONE (21) DAY APPEAL PERIOD.

(Complete other side of page)

Please sketch the following below: (1) the boundaries of the lot or property; (2) existing and proposed buildings; (3) measurements between buildings; (4) distance to property lines and centre of road.

Example:



-----Road Centre Line-----

OFFICE USE ONLY:

A. Date application received: \_\_\_\_\_ Signature: \_\_\_\_\_

B. Application meets all requirements of by-law.

Date permit issued: \_\_\_\_\_ Signature: \_\_\_\_\_

Conditions of permit: \_\_\_\_\_

C. Application does not meet all requirements of by-law.

Action required:	Minor Variance	Deferred
	Rezoning	Refusal
	Hazard area	

Description of action: \_\_\_\_\_

Decision of Town Council: (Including reasons/conditions).

\_\_\_\_\_ Date: \_\_\_\_\_

D. Date letter sent to applicant: \_\_\_\_\_

Note: NOT TO EXCEED 30 WORKING DAYS FROM RECEIPT OF APPLICATION.