

Town of Alberton

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ALBERTON
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The Heart of West Prince

PROPERTY DEVELOPMENT APPLICATION

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.

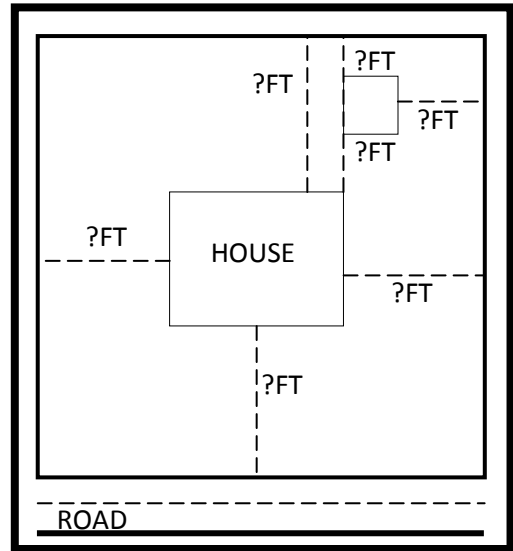
Date: _____ Signature: _____

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.