

Application Date:

Roll Number:

COMPLIANCE CERTIFICATE APPLICATION

1. Property Address:				
Civic Address:		Plan:	Block:	Lot:
Zoning:				
2. Applicant(s) Information:			3. Landowner(s) Information:	
Owner:	Lawyer:	Realtor:	Other:	Same as applicant:
Name:			Name:	
Address:			Address:	
City:			City:	
Province:	Postal Code:		Province:	Postal Code:
Phone:			Phone:	
Email:			Email:	
Unless otherwise noted, the applicant will receive electronic notification.				
4. Applicant's Signature:				
Applicant Signature:			Date:	
5. Required Information:				
1. Real Property Report (The RPR should be prepared within 90 days of applying for a compliance certificate)				
2. Payment Information (Pre-authorized credit card form attached)				
Residential Regular - \$100.00		Non-Residential Regular - \$200.00		
Residential Rush - \$200.00		Non-Residential Rush - \$400.00		

6. City Use Only		
Date Received:	Date Completed:	Received By:

UPDATED 5/6/2021

The personal information collected on this form is being collected under the authority of Sections 33 and 39(1)(a)(b) of the Alberta Freedom of Information and Protection of Privacy Act, and Section 301.1 of the Municipal Government Act. The information will be used to process your application(s). Your name, contact telephone number, and address may be used to carry out current and/or future construction, operating programs, services, or activities of the Municipality. If you have questions about the collection, use, or disclosure of the personal information provided, please contact the Freedom of Information and Protection of Privacy Coordinator at 780.361.4400.

CREDIT CARD AUTHORIZATION FORM

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Fee Amount: _____ Invoice/Account Number: _____

Memo: _____

I authorize the City of Wetaskiwin to charge the credit card indicated on this Credit Card Authorization form. This Credit Card Authorization is for service listed in the Memo, for the Fee Amount indicated above, and is valid for one time use only.

The City of Wetaskiwin will not keep Credit Card Authorization forms on file. Credit Card Authorization forms are stored for secure shredding once payment has been processed.

I, _____, certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the Fee Amount indicated in this form.

Cardholder Signature: _____ Date: _____

VISA: MasterCard:

Credit Card Number: _____ Expiry: _____

Name on Card: _____ CVV: _____