

Cost of Service (\*fees subject to current fee schedule):  Residential \$150  Commercial \$250

 Number of Copies Submitted: \_\_\_\_\_  
 Please submit at least one original copy of the real property report completed by an Alberta Land Surveyor.  
 Fax copies, unclear plans and plot plans will not be accepted.

**Applicant Name(s)** \_\_\_\_\_ **Contact Name** \_\_\_\_\_  
 (If different than applicant)

Applicant Address \_\_\_\_\_

City	Province	Postal code
Phone number	Alternate phone	email

**Property Address** \_\_\_\_\_ **Subdivision** \_\_\_\_\_

 Legal Description Lot \_\_\_\_\_ Block/Unit \_\_\_\_\_ Plan \_\_\_\_\_  
 (if applicable) Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Meridian \_\_\_\_\_

 When your Compliance is ready do you want us to:  contact you for pick up  mail it out

 \_\_\_\_\_  
 Signature - Authorized Applicant (or FILE #)

**Collection and use of personal information**

 Personal information is collected under the authority of s. 33 (c) of the *Freedom of Information and Protection of Privacy Act* and will be used in the management and administration of our Compliance program. If you have any questions about the collection, use or disclosure of your personal information, contact the Coordinator of Development Services, Planning and Development Services, Strathcona County at 780-464-8080.

**Office Use Only**

Date received _____	Number of copies _____
Amount paid \$ _____	Receipt number _____
Posse entry _____	RPR scanned _____
Zoning _____	Roll number _____

Comments \_\_\_\_\_

**Payment information** - The information below is collected and will only be used to make the authorized credit card payment for this approved one time amount. The information will only be copied, distributed or otherwise disclosed with prior approval. This information will be processed and then immediately destroyed.

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 If the completed application is being **mailed or delivered**, please complete the following:

<input type="checkbox"/> Receipt Required	Total Payment Submitted \$
Paying by: <input type="checkbox"/> Cheque <input type="checkbox"/> AMEX <input type="checkbox"/> Master Card <input type="checkbox"/> Visa (Postdated cheques are not accepted)	Cardholder Name
Card Number	Expiry Date
Signature	

 If the completed application is being **emailed**, please do not complete the credit card information, instead our staff will contact you for payment. As a PCI compliant organization, **we cannot accept credit card information through email.**