



Compliance Certificate and/or Safety Codes Review Request

Office use only	
Application Fee: _____ <input type="checkbox"/> DB <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> CHQ <input type="checkbox"/> CSH Receipt Number: _____	Date: _____ Rec'd By: _____
Compliance Accounting Codes: CC (Residential); CCO (Commercial); F Code 1712 Safety Codes Accounting Codes: 1734	

Service Requested		
<input type="checkbox"/> New Compliance*	<input type="checkbox"/> Follow-up Compliance	<input type="checkbox"/> Safety Codes Review
*New Compliance RPR Requirements: <input type="checkbox"/> Two (2) original Real property Reports (less than five (5) years old and original size (maximum 11"x17" for residential properties))		
<i>A Compliance Certificate is a report confirming that buildings and structures identified on a property meet regulations of our Land Use Bylaw. A Compliance Certificate does not comment on Safety Codes permits or inspections. A Safety Codes Review requires a separate fee.</i>		

Parcel Information REQUIRED					
Plan		Block	Lot/Unit	Subdivision	
Meridian <input type="checkbox"/> W4 <input type="checkbox"/> W5 (select one)	Range	Township	Section	Quarter Section <input type="checkbox"/> PT <input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE (select one)	Municipal Address

Preferred Method of Delivery - REQUIRED		
<input type="checkbox"/> Mail	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Email
_____	_____	_____
Phone Number		Email Address

Mailing Address – Person to Receive Compliance		
Name:		
Mailing Address:		
City:	Province:	Postal Code

Authorization - Owner / Representative	
<input type="checkbox"/> I am the registered owner of the land described above	<input type="checkbox"/> I am the designated agent
Owner Name:	Company Name (if applicable):
	Agent Name:
_____	_____
Signature	Signature

The personal information provided by you is being collected under the authority of the *Municipal Government Act* and will be used for the purposes under that Act. The personal information that you provide may be made public, subject to the provisions of the *Freedom of Information and Protection of Privacy Act* (FOIP). If you have any questions about the collection, use, and disclosure of this information, please contact the FOIP Coordinator at Parkland County, 53109A HWY 779, Parkland County, Alberta T7Z 1R1 (780-968-3229) or email foip@parklandcounty.com.

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