



CERTIFICATE OF COMPLIANCE APPLICATION FORM

Planning Services ■ Town of Okotoks, Box 20 (5 Elizabeth St.), Okotoks AB, T1S 1K1 ■ planning@okotoks.ca ■ Phone: 403.995.2760 ■ Fax: 403.938.7387

Applicant Name: _____ Company: _____
(if applicable)

Applicant Mailing Address: _____
(including Postal Code)

Phone #: _____ Fax #: _____ Email: _____
If a response has not been received within five business days, please check your Junk folder

Certificate of Compliance Required for:

Civic Address: _____

Legal Description: _____
 Lot(s) Block Plan Quarter Section

Level of Service: (does not include the day the application was received)
 Regular Service (three to five business days for response)
 Expedited Service (one to two business days for response)

Return completed Real Property Reports: Mail Phone for pick up

In addition to the above information, Real Property Reports (RPRs) submitted with the application must show on-site parking and sheds of all sizes. A minimum of two (2) original RPRs are required. **Photocopies will not be accepted.** PLEASE NOTE: One (1) original will be retained by the Town for our records, and the remainder will be returned to you.

Signature of Applicant _____ Date _____

The personal information on this application is collected under the authority of the Alberta Municipal Government Act, the Freedom of Information and Protection of Privacy Act (FOIP), and the Okotoks Land Use Bylaw 40-98. It will be used to communicate with the applicant during the application review and site inspection processes. As part of the review process, it will be circulated as needed to relevant Town Business Services, Provincial and Federal Agencies, Utility Companies and adjacent landowners. It may also be submitted to the Okotoks Municipal Planning Commission (MPC) and/or the Subdivision and Development Appeal Board (SDAB). Correspondence received may be included in public meeting agendas. The applicant's name and the nature of the permit will be publicly available, in accordance with the FOIP Act. Should you have any questions or concerns regarding the collection of this information, please contact the FOIP Coordinator at foip@okotoks.ca or 403.938.8944.

For Office Use Only		
File #: _____	Fee: _____	Receipt # _____