Walkway Closure Application

Applicant Information		Bylaw No.	
Name of Applicant:			
Mailing Address:			
	ity Province	Postal Code	
Phone Number:	Fax Number:	Email:	
Registered Owner (If different from	n above): * Owner au	uthorization is required if the applicant is not the owner	
Name:	· ·	r: Email:	
Mailing Address:			
Street Name City	Province	Postal Code	
Description of where the walky	vay is located:		
Outlined Durantum			
Subject Property:	Block	Plan	
Reason for walkway closure re		documentation if needed):	
		·	
		for the amendment must be submitted with application s from date of application if all required information	
		mitted to solutions@citypa.com or by mail or in 4 Central Avenue, Prince Albert SK S6V 7P3.	
	ring it to be true, and kno	ithin this application are true, and I make the solemn owing that it is of the same force and effect as if mad	
I agree to comply with all the City City of Prince Albert.	of Prince Albert's Bylaw	s and any conditions of approval that are set by the	
Signature of Owner or Authorized	l Agent:	Date:	
The City of Prince Albert is committed to protecting and Protection of Privacy Act (LAFOIP) and will onl	your privacy. Personal information col y be used for the purpose for which it and the City of Prince Albert's policies.	llected on this form is in accordance with <i>The Local Authority Freedom of Informa</i> was collected. Personal information will not be shared or used for any other purp. Please contact The City Clerk's Office, 1084 Central Avenue, Prince Albert SK,	
This application has been approve	ed this day o	of , 20	
Development Officer:		Council Date & Resolution:	
			
Amount Paid:	Date Paid:	Receipt No.:	

