

Certificate of Completion

Fo	rm C							
		Permit Number:			Permit Expiry:			
	LICANT NAME: LING ADDRESS:	I						
		CITY:		PROVIN	CE:	POSTAL C	ODE:	
		PHONE NUMBER:			EMAIL:			
		PART OF:	BLOCK: SEC		TWP: /ISION NAMI	RANGE:	W4M	
				50001				
USE: Residential Non-Residential Agricultural/Farm Other: Expected Occupancy Date:								
NATURE OF OCCUPANCY: Owner Change (no construction or change of use) New Business New Building New Dwelling Change of Use Building Addition Building Renovation Alterations ** Dangerous Goods or Chemicals Licenced Medical Marijuana Facility Other:								
I/We th a) b) c) d) e) f)	development approv rendered. *Any mate application may resu I authorize the staff o Government Act to e application. Where applicable, th to make this applicat under company seal Acceptance of this c occupant from occu Provincial or Federal A valid Certificate of Permit prior to occup	n is complete and val and that no fu erial falsehood or of lift in an issued period of the County of Ve enter my land for t ne individual(s) wh tion on my/our be lis required in add application does n upying/using with of Statutes or Regula Completion Permit pancy may result in upletion Permit will	is, to the best of m rther progress will o any omission of mar mit becoming null ermilion River and c he purpose of con- ose information ha half. (In the case of lition to this form) not constitute occu any applicable req ations in force. h penalties being in	y/our knowled ccur on the de terial facts ma and void. other agencies ducting a site s been listed u of a registered pancy/use ap uirements of th prior to occup nposed and/o	evelopment until de by the applic as designated ir inspection in cor nder "Applicant company, docu proval, nor does ne Safety Codes pancy/use. Failu r issuance of an	a decision on the peri- cant/owner(s) with resp in Section 542 of the Ma in ection with my deve " on this application is mentation of those with it relieve the owner, a <i>Act and Regulations</i> , or re to obtain a Certifico	mit has been bect to this unicipal lopment permit hereby authorized th signing authority pplicant or County Bylaws and ate of Completion	



Certificate of Completion

Permit Number: _

_Permit Expiry: _

ELECTRONIC SIGNATURE ACKNOWLEDGEMENT STATEMENT:

I / We agree that all electronic signatures are the legal equivalent of my manual/handwritten signature

Applicant Signature: Applicant Name: Date: Registered Owner Signature: Registered Owner: Date:

OFFICE USE ONLY					
Date Received:	Date Deemed Complete:				
Roll Number:	Zoning:				
Application Fee:	Rural Addressing Fee:				
Certificate of Completion Fee:	Certificate of Title Fee:				
Method of Payment: Debit Ch	eque 🗌 Cash 🗌 Credit				
Receipt Number:	Date Paid:				
File Number:					

The personal information collected on this form is being collected by the County of Vermilion River for purposes provided under Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is protected by the FOIP Act. If you have any questions about FOIP, contact the County Administrator at 780-846-2244 ***All development applications and construction that occurs prior to permit issuance may be subject to penalty fees. A Stop Order may**

also be issued

**A separate permit is required for each discipline involved including new construction, additions, renovations or alterations