



VILLAGE OF VILNA

5135 - 50 Street

Box 10, Vilna AB T0A 3L0

780-636-3620

vilna@mcsnet.ca

COMPLIANCE CERTIFICATE FORM

Name of Applicant: _____

Company (if applicable): _____

Address of Applicant: _____

Phone: Work: _____ Home: _____ Fax: _____

Cell: _____ Email: _____

Name of Registered Owner (if different from Applicant): _____

Address: _____

Phone: Work: _____ Home: _____ Fax: _____

Cell: _____ Email: _____

Legal Description:

Plan: _____ Block: _____ Lot: _____

Property Address: _____

Amendment to Bylaw required: YES NO

If yes, please fill in Development Permit Amendment Form

In addition to the above information, Real Property Reports submitted with the application must show on-site parking and sheds of all sizes.

Date

(applicant Signature)

Date

(Registered Owner Signature (if different from applicant.))

Mail or Deliver to: Development Officer
 Village of Vilna
 Box 10
 Vilna, AB T0A 3L0

Date Received: _____

Application No.: _____
(For Office Use Only)