

Signature of Owners: _____

Date: _____
Date: _____

FOIP Notification: Your name, home phone number, home address and postal code are collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. This information will be used in the administration of Town of Coaldale programs. If you have any questions about this collection, contact the FOIP Coordinator, Town of Coaldale, 1920-17th Street, T1M 1M1 or 403-345-1300.

<u>OFFICE USE ONLY:</u>	
Permit Number: _____	Tax Roll Number: _____
Addition Size: _____	
Notes: _____	