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File #: _____	Zone: _____
Registration #: _____	Registration Fee: _____
PID #: _____	Received: _____

SECONDARY SUITE & GARDEN SUITE REGISTRY APPLICATION

1. TYPE OF APPLICATION

New Secondary Suite
 Renewal of Secondary Suite
 New Garden Suite
 Renewal of Garden Suite

2. CONTACT INFORMATION

OWNER Name: _____ Address: _____
 Phone: _____ Cell: _____
 Email: _____ Postal Code: _____

Same as above.

PRINCIPLE RESIDENT Name: _____ Address: _____
 Phone: _____ Cell: _____
 Email: _____ Postal Code: _____

3. SECONDARY SUITE & GARDEN SUITE INFORMATION

Property Location/Civic Address: _____

Approved Occupancy Permit*: Yes: No:

*Copies of the Occupancy Permit shall be submitted with this application for **New Secondary Suites & New Garden Suite Applications Only**.

4. DECLARATION & SIGNATURE

I DO SOLEMNLY DECLARE & CERTIFY:

1. That I am the Authorized Agent of the Owner/the Owner named in the Application for a permit hereto attached.
2. That the statements contained in this Application are true and complete, and are made with full knowledge of the circumstances connected with this Application.
3. That I know of no reason why the permit should not be granted in pursuance of the Application, and I make this declaration conscientiously believing it to be true.
4. Provided that the City, its officers, agents and/or employees are acting in good faith in the administration of the City's Bylaws, I waive all rights or action against the City of Charlottetown and/or its officers, agents, or employees in respect of any damages which may be caused through the operation of any provision(s) in any of the Bylaws or for the refusal of a permit or for any cause or irregularity or nonconformity with the Bylaws or regulations adopted by the City of Charlottetown.
5. I realize that the payment of monies for this application does not constitute approval of a permit nor approval to commence any part of the work applied for.

In the event that the Building Permit Application associated with this application fail to provide sufficient information and documentation as requested by the Planning & Heritage Department, resulting in the application being considered "Null and Void" and considered closed after six (6) months from the date of this application, I acknowledge that this Secondary/Garden Suite Registry Application will likewise be considered "Null and Void" and considered closed.

SIGNATURE OF OWNER: _____ DATE: _____

SIGNATURE OF PRINCIPLE RESIDENT _____ DATE: _____

RESIDENT _____ DATE: _____

Please indicate how you would like to receive the Registry Approval: Email Pick-Up at Planning Dept.