

RESIDENTIAL CONDOMINIUM CONVERSION APPLICATION

Applicant Information

Name: _____	Company: _____
Street / P.O. Box: _____	
City: _____	Province: _____ Postal Code: _____
Phone Number: Business () _____	Other () _____
Fax: () _____	E-mail: _____

Subject Property

Lot(s): _____	Block: _____	Plan No: _____
Other: _____		
Civic Address: _____		

Applicant's Interest in Property

<input type="checkbox"/> Registered Owner	<input type="checkbox"/> Option to Buy	<input type="checkbox"/> Tenant
<input type="checkbox"/> Representative of Owner	<input type="checkbox"/> Legal Representative	<input type="checkbox"/> Other _____

Present Owner Information (if different from Applicant)

Name: _____	Company: _____
Street / P.O. Box: _____	
City: _____	Province: _____ Postal Code: _____
Phone Number: Business () _____	Other () _____
Fax: () _____	E-mail: _____

Property Information

Zoning: _____	Number of Units: _____
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_____ Signature of Applicant	_____ Signature of Owner (if different from Applicant)
_____ Name (printed)	_____ Name (printed)
_____ Date	_____ Date