



5 St. Anne Street
 St. Albert, AB
 T8N 3Z9
 Phone: (780) 459-1642
 Fax: (780) 458-1974

CITY USE ONLY	
Property File No.	

APPLICATION FOR BASEMENT SUITE GRANT

PLEASE PRINT

Subsequent to my/our application for a development permit to develop/renovate a basement suite (as defined and regulated by the City of St. Albert Land Use Bylaw) located at the property identified below, I/We hereby make application for funding under the City of St. Albert Basement Suite Grant Program. The proposed basement suite is shown on the plans and described in the information attached and forming part of this application.

Municipal Address:			
Legal Description:	Lot (Parcel)	Block	Plan
	Other legal description		
Development permit no.:			
Applicant:	Name		Daytime Phone Number
	Mailing Address		E-mail Address
	City	Postal Code	Date (MM/DD/YYYY)
Interest, if Applicant is not Owner		Signature _____	

Proposed development:

- Construction of a new home with a basement suite
- Renovation of an existing home to include a basement suite
- Renovation of an existing basement suite to conform to St. Albert's bylaws and the Alberta Building Code, 2006

Will you receive or have you previously received assistance for the property to be rehabilitated under any other housing program? Yes No

If yes, specify: _____

Declaration/Consent

Please initial each line below to indicate that you have read and understand the terms of the Declaration/Consent.

_____ I/We hereby grant permission/consent to the City of St. Albert and/or its delivery agent to carry out any necessary inquiry and to disclose and use any information provided by me/us in this application for the purpose of determining my/our eligibility to receive Basement Suite Grant Program funding.

_____ I/We hereby grant permission/consent to the disclosure and use of any information provided by me/us in this application to the City of St. Albert for the purpose of conducting evaluations on the Basement Suite Grant Program.

_____ I/We hereby authorize the City of St. Albert to conduct an inspection of my/our property for the purpose of determining my/our eligibility to receive grant funding and to verify completion of work.

_____ I/We hereby certify and declare that all the information contained in this application, is true and complete in every respect.

_____ I/We understand this application does not obligate the City of St. Albert to approve funding.

_____ I/We hereby certify that the suite will not be rented to immediate family members if grant funding is approved.

_____ I/We understand that if I/we are approved for grant funding a condition of my/our receiving such funding will be that I/we enter into an agreement with the City of St. Albert which agreement will detail the terms and conditions placed on the grant funding.

Collection and use of personal information

The personal information being collected on this form is for the purposes of processing and acting upon this application in accordance with the Municipal Government Act, and is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. The City will not share your personal information for purposes outside of those stated without permission in writing, unless there is a specific exemption stated in the Municipal Government Act or the Freedom of Information and Protection of Privacy Act.

Signature Owner

Date

Signature Co-Owner

Date