

For Office Use Only	
File #: _____	Zone: _____
Registration #: _____	Registration Fee: _____
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**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:**

- That I am the Authorized Agent of the Owner/the Owner named in the Application for a permit hereto attached.
- That the statements contained in this Application are true and complete, and are made with full knowledge of the circumstances connected with this Application.
- 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.
- 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.
- 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: \_\_\_\_\_

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