

| Applicant's name                 |                 |   |
|----------------------------------|-----------------|---|
| Property owner's name            |                 |   |
| Civic address (address of permit | )               |   |
| Mailing Address (if different)   |                 |   |
| Primary phone                    | Secondary phone | Fax   |
| Email address                    |                 |   |
| Property number                  | Lot number      |   |
| Seasonal Building Permit         |                 | retionary Use 🗌 Official Plan Amendment<br>🗌 Temporary Sign Permit 🔲 Variance |
| Description:                     |                 |   |
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## I DO SOLEMNLY DECLARE:

- 1. That I am the Owner, or the Authorized Agent of the Owner, named in the application for a permit hereto attached.
- 2. That the statements contained in this application are true and made with full knowledge of the circumstances connected with the same.
- 3. That the plans and specifications submitted are prepared for the construction or alteration for the building(s) described.
- 4. That the site plans submitted correctly set out the dimensions and the area of the lands described in the application, and the relation of the location of the proposed building to the street and property line.
- 5. That I know of no reason why the permit should not be granted to me in pursuance of the said application, and making this declaration conscientiously believing it to be true.
- 6. I waive all rights or action against the City of Summerside and/or its officers, agents, or employees in respect to negligence or any damages which may be caused through the enforcement of any provision or provisions in any of the City Bylaws or for the revoking of a permit for any cause or irregularity of nonconformity with the Bylaws or regulations adopted by the City of Summerside.
- 7. I assume responsibility for damage to sidewalks, curbs, gutters, etc. and will bear the cost of repair or replacement of the same to the complete satisfaction of the City.