

CONTACT INFORMATION

OWNER:	_____	APPLICANT:	_____
MAILING ADDRESS:	_____	MAILING ADDRESS:	_____
CITY / PROVINCE:	_____	CITY / PROVINCE:	_____
POSTAL CODE:	_____	POSTAL CODE:	_____
PHONE NO.:	_____	PHONE NO.:	_____
EMAIL:	_____	EMAIL:	_____

PROPERTY INFORMATION

MUNICIPALITY: _____

LEGAL DESCRIPTION: _____

CIVIC ADDRESS: _____

DESCRIPTION OF WORK(S): _____

DEVELOPMENT INFORMATION TO BE PROVIDED ON SITE PLAN (IF APPLICABLE)

Lighting on Site Location and Specifications:	<input type="checkbox"/>	Accessible Parking Spaces and Dimensions:	<input type="checkbox"/>
Type of Parking Lot and Loading Area Surfacing:	<input type="checkbox"/>	Loading Space Location and Dimensions:	<input type="checkbox"/>
Landscaping on Site:	<input type="checkbox"/>	Aisle Location and Dimensions for Parking:	<input type="checkbox"/>
Exterior Storage Location and Dimensions:	<input type="checkbox"/>	Ingress and Egress Location and Dimensions:	<input type="checkbox"/>
Each Parking Space and Dimensions:	<input type="checkbox"/>	Signage Location and Information:	<input type="checkbox"/>
Fencing Location and Details:	<input type="checkbox"/>		

REQUIRED INFORMATION

Site Plan	<input type="checkbox"/>	Plan Review Fee	<input type="checkbox"/>
Maximum Hard Copy Size of 11" x 17"		payable by debit, cheque or cash	
Status of Title	<input type="checkbox"/>	(Please refer to fee schedule)	
(current within 30 days of application)			

ADDITIONAL REQUIREMENTS*(Following application RRPD to advise if further approvals are required – not an exhaustive list)*

Grade Elevation (Lot Grade Permit) Approval	<input type="checkbox"/>	Manitoba Infrastructure and Transportation Approval	<input type="checkbox"/>
Manitoba Conservation Approval	<input type="checkbox"/>	Letter of Authorization	<input type="checkbox"/>
Developers Approval	<input type="checkbox"/>	SETC Approval	<input type="checkbox"/>
Geotechnical Report	<input type="checkbox"/>	Development Agreement	<input type="checkbox"/>

DECLARATION*The undersigned hereby applies for a permit in accordance with this application, all municipal by-laws and provincial regulations applicable thereto.*

Applicant Name: _____

Applicant Signature: _____ Date: _____

OFFICE USE ONLY:

PLAN REVIEW RECEIPT NO.:	_____	ROLL NO.:	_____
DATE OF SUBMISSION:	_____	ZONE:	_____
RECEIVED BY:	_____		