

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

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:	_____		

DECLARATION

I, the undersigned am the authorized agent/owner named in this application for a permit. I acknowledge that;

1. All statements and representations contained in this application for permit and the plans and specifications are correct, accurate, and adhere to any applicable legislation, by-laws, codes and standards;
2. I am responsible for searching any caveats registered on title and ensuring that the construction complies with the caveats;
3. I am responsible for ensuring the construction complies with any development agreement registered against the title
4. Any unauthorized changes from the plans and specifications or building location as specified in this application shall void the permit;
5. The Principal Authority is relying upon the statements and representations made in the application and in the plans and specifications in considering the permit;
6. The issuance of a permit by the Principal Authority does not waive, amend or change any requirements in another by-law or provincial law and regulations; and I am responsible to ensure that the construction complies with any requirement in another by-law or provincial law and regulations. I understand that this may require me to apply to other agencies requiring permits/approvals;
7. The Principal Authority is not responsible for any claim, loss or damage caused by (1) an error, omission, or incorrect information contained in the application / permit or the submitted plans and specifications, (2) the application for permit and the plans and specifications not adhering to all applicable legislation, by-laws, codes, and standards, or (3) my failure to comply with the terms of the permit.
8. For administrative purposes, where information is missing or required to be included, authorization is given by the undersigned to add information where required in order to complete this application.

APPLICATIONS EXPIRE 6 MONTHS FROM THE ORIGINAL DATE OF SUBMISSION.

APPLICANT

_____ (Print name)

_____ (Date)

_____ (Signature)

OWNER

_____ (Print name)

_____ (Date)

_____ (Signature)