Development Permit Application



100 HUTCHENCE ROAD, EMERALD PARK, SASKATCHEW	/AN, S4L 1C6 • PH: 306-347-2965 • FAX: 306-347-2970					
DP#	BP#					
1. To be filled out by the Applicant (Owner):						
Name:	Month Day Year					
Street Address:	City/Town Postal Code:					
Email:	Phone: - Cell: -					
2. Contractor (if applicable):						
Name:	Company Name:					
Street Address:	City/Town Postal Code:					
Email:	Phone: - Cell: -					
3. Legal Land Location for proposed development:						
Civic Address:	Lot: Block: Plan: Ext:					
Subdivision:	Quarter: Section: Township: Range: W2M					
Registered Plan #:	Certificate of Title #:					
4. Existing Use of Land:	Current Zoning:					
Agriculture Residential	Other (Please describe)					
Country Residential Industrial						
Commercial						
Provide a detailed description of proposed use of land a	nd/or buildings:					

^{*} Please note a proposed change in use may require a Building Permit Application for occupancy review.

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5. Site Servicing:						
Parcel access provided by:	Le t					
Grid Road	Highway	Main Far	rm Access	Other		
Water Supply provided by:	Municipal Waterline	Private V	Vell	Other		
Sewage Disposal provided	Existing (please specify to	ype of system)	Proposed (pl	Proposed (please specify type of system)		
by:						
Drainage provided by:	Existing (please specify)		Proposed (pl	Proposed (please specify)		
6. Surrounding land uses:						
Are any of the following within 0.5 km of the		If yes, please provide best estimate of distance				
proposed development?						
Intensive livestock operation	Yes/No					
Sewage lagoon	Yes/No					
or wastewater treatment facil						
Solid waste disposal facility or	landfill Yes/No					
Stream or large body of water	Yes/No					
Anhydrous ammonia facility	Yes/No					
Industrial	Yes/No					
7. Declaration by Applicant						
I/Wehereby certify that I/we am/are the registered owner(s) of the lands						
and that the information given on this form and the site plan is full and complete and is, the best of my/our knowledge, a true statement						
of the facts relating to this application for development.						
Date	Signature					
Date Signature						
I/We, hereby certify that I/we am/are the agent authorized to act on behalf						
of the registered owner(s) and hereby swear that all statements contained within this application are true, and I/we make this solemn						
declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by						
virtue of the Canada Evidence Act.						
Date		Signature				
Date		Jigilatule				
Date		Signature				
Receipt #						