## **Pelican-Rock Lake Planning District**

Office Manager/Treasurer Phone: (204)537-2722 Email: prlpdoffice@gmail.com

Building Inspector/Development Officer Cell/Text: (204)523-2080 Email: prlpdinspector@gmail.com

Box 16, 110 Rea Street Dunrea, MB ROK 0S0

Date:	<u> </u>	Application Permit No:	
Application For: (	Conditional Use □		
<b>Amendment To:</b>	Basic Planning Statement □	Planning Scheme □	
	Zoning By-Law□	<b>Development Plan</b> □	
Applicants Name:			
Telephone Number:	Home:	Cell:	
Name of Property Ow	vner:		
(If different from above)			
Mailing Address:			
Telephone Number:	Home:	Cell:	
Location of Construct	ion Activity:		
Rural Municipality: Civic ac	ddress (physicial)		
& Section-Township-Range			-
Roll Number:	Title f	Number:	
	that the following, as indicated		
1. Certificate of Searcl 2. Certificate of Title [		9	
3. Authorization to Ap			
4. Survey Plan By M.L	• •		
5. Valid Option to Pur			
Applicable Docume	mto.		
	nent		
Zoning By-Law			

ubject Provision:
roposed Changes:
. Varied to allow:
. Conditional Use Requested:
. Amended to:
eason In Support:
undertake to observe and perform all provisions of <i>The Planning Act</i> , the applicable Development Plan, asic Planning Scheme, any development agreement entered into under <i>Section 48 of The Planning Act</i> and any conditions imposed under <i>Sections 57 or 59 of The Planning Act</i> , and the provisions of other elevant laws or by-laws.
gnature of Applicant(s)/ Property Owner(s)
eceived By: Date:
Pelican-Rock Lake Planning District Officer
Conditional Use permit fee: \$250.00
Please make cheques payable to: Pelican-Rock Lake Planning District

Etransfers can be sent to: prlpdoffice@gmail.com