

South Interlake Planning District

285 Main Street, P.O. Box 1219 Stonewall, MB ROC 2Z0

T: 204-467-5587 • F: 204-467-8383 E: info@sipd.ca • W: www.sipd.ca

DEVELOPMENT APPLICATION

Development Type:	:: □ Variation □ Zoning By-Law Amendment (Map or Text)		☐ Conditional Use	☐ Conditional Use ☐ Development Plan Amendment (Map or Text)		
		□ R.M. of Rosser	☐ Town of Stonewal			
	ner(s):					
	-					
•	rty:					
Legal Description of Pr	operty:					
Application Requireme	ents:					
□ Detailed Site Plan	□ Letter of Authori	zation 🗆 Status (of Title (Dated within 1 m	onth) □ Application Fee: \$		
☐ Detailed Letter of In	□ Detailed Letter of Intent □ Letters of Support (Optional) □ Postage Fees (Invoiced separately) □ Advertising Deposit: \$					
	Application will <u>not</u> be a	ccepted until all of the	required information ho	s been submitted.		
Description of Proposa	······································	r of Intent)				
Description of Proposal: (Please elaborate in Letter of Intent)						
- A II	(=u)					
Previous Applications:	(File No.)					
Signature of Owner(s	s):		Date:			
Address:	A 1 1 C'' / D	vince Posto	E-Mail: _			
· ·	Address City/Pro					
Home Phone:	Cell Pi	ione:	work Pno	one:		
Signature of Applicant:			Date:			
Address:						
	Address City/Pro					
Home Phone:	Cell Pi	none:	Work Pho	one:		

The personal information which you are providing is being collected under the authority of the Planning Act and will be used for the purpose of approving this application. Information is also being collected for the purpose of statistical reporting. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection and/or use of information, contact South Interlake Planning District, 285 Main Street, P.O. Box 1219, Stonewall, MB ROC 220, Phone: 204-467-5587, Email: info@sipd.ca

FOR OFFICE USE ONLY						
DEVELOPMENT PLAN: By-Law No.	ZONING BY-LAW NO.:					
APPLICATION RECEIVED BY:	DATE RECEIVED:					
AMOUNT RECEIVED:	RECEIPT NO.:	FILE NO.:				
CASH:	CHECK:	DEBIT:				