

OCCUPANCY PERMIT APPLICATION

TOWN OF LA RONGE

OFFICE USE ONLY

Date Received: _____ Intended Use of the Building: _____

Roll / Assessment #: _____

Occupancy Approved: Yes No Conditional to: _____

Town Administrator

Building Inspector

PROPERTY OWNER INFORMATION

Name: _____ Email: _____

Phone: _____ Cell: _____

Mailing Address: _____

APPLICANT INFORMATION (Same as Property Owner)

Name: _____ Email: _____

Phone: _____ Cell: _____

Mailing Address: _____

LEGAL LAND DESCRIPTION

Lot: _____ Block/Parcel: _____ Plan: _____

Civic Address: _____

CONSENT OF APPLICANT

I agree that the Municipality may provide the information contained in and with this application to outside agencies to assist the review of the proposed development, and that where required the information may be made available for public review and comment.

I agree that the Municipality may enter the property to inspect the site before, during and after the development proposed for the purposes of administration of the Zoning Bylaw and any permit issued. I agree that the Municipality may file such notices and covenants on the titles of the property subject to this application to protect the interests of the Municipality.

I, _____ solemnly declare that the above statements contained within this application are true, and I 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*.

Signature: _____ Date: _____

CONSENT OF OWNER

I, the registered owner of the lands described in this application consent to the filing of this application by the person(s) or company whose name appears at the applicant above.

Signature: _____ Date: _____