

1. Applicant:			
Name:		Contact Number:	
PO Box:	City:	Prov:	Postal Code:
EMAIL:		FAX NO:	

2. Registered Owner:		same as above, or	
Name:		Contact Number:	
PO Box:	City:	Prov:	Postal Code:
EMAIL:		FAX NO:	

Civic address or Lot, Blk, Plan Number _____ (required for Silver Willows or Sarilia Country Estates)

Road Agreement

9. a) Proposed start date: _____ b) Proposed completion date: _____

FORM A – TO BYLAW NO. 03-2019
Rural Municipality of Laird No. 404
DEVELOPMENT PERMIT APPLICATIONS

10. Septic - Saskatoon Health Region: **306-655-4605** - Safe Communities Department _____

Septic Permit Number: _____

Site Plan :

_____.

11. Declaration of the Applicant:

I, _____ of the _____ of _____, in the Province of Saskatchewan understand that I am responsible for ensuring the development complies with the R.M. of Laird Zoning Bylaw, 2008, the R.M. of Laird & R.M. of Rosthern Inter-Municipal Plan and the buildings comply with the *Uniform Building and Accessibility Standards Act* and 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 the same force and effect as if made under oath, and by virtue of the *Canada Evidence Act*.

Date

Signature

FOR IN OFFICE USE ONLY

DEVELOPMENT PERMIT FEE \$ _____

_____ Invoice & receipt the address of: _____ Applicant

_____ Registered Owner

_____ Application Received by (Employee’s initials)