



SOUTH INTERLAKE PLANNING

South Interlake Planning District

285 Main Street, P.O. Box 1219

Stonewall, MB ROC 2Z0

E: info@sipd.ca • T: 204-467-5587

W: www.sipd.ca • F: 204-467-8383

DEVELOPMENT APPLICATION

Development Type: Variation Conditional Use (or Amendment)
 Zoning By-Law Amendment (Map or Text) Development Plan Amendment (Map or Text)

Municipality or Town: R.M. of Rockwood R.M. of Rosser Town of Stonewall Town of Teulon

Name of Applicant: _____

Name of Property Owner(s): _____

Civic Address of Property: _____

Legal Description of Property: _____

Application Requirements:

Detailed Site Plan Letter of Authorization Status of Title (Dated within 1 month) Application Fee: \$ _____
 Detailed Letter of Intent Letters of Support (Optional) Postage Fees (Invoiced separately) Advertising Deposit: \$ _____

Application will not be accepted until all of the required information has been submitted.

Description of Proposal: (Please elaborate in Letter of Intent)

Previous Applications: (File No.) _____

Signature of Owner(s): _____		Date: _____
Address: _____ <small>Mailing Address City/Province Postal Code</small>		E-Mail: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____

Signature of Applicant: _____		Date: _____
Address: _____ <small>Mailing Address City/Province Postal Code</small>		E-Mail: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____

The personal information 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. For inquiries regarding the collection or use of this information, contact the South Interlake Planning District.

FEES ARE PAYABLE BY CASH, CHEQUE OR DEBIT. NO CREDIT CARDS

FOR OFFICE USE ONLY

DEVELOPMENT PLAN: By-Law No. 3/10 (as amended)	ZONING BY-LAW NO.:
APPLICATION RECEIVED BY:	DATE RECEIVED:
AMOUNT RECEIVED:	RECEIPT NO.:
CASH:	CHECK:
	DEBIT: