



West Planning District

RM of Prairie Lakes: Belmont, Mb. PH: (204) 537-2241

RM of Argyle: Baldur, Mb. PH: (204) 535-2176

RM of Cartwright-Roblin: Cartwright, Mb. PH: (204) 529-2363

Cell/Text: (204) 523-2080 Email: 23westinspector@gmail.com

APPLICATION FOR: **CONDITIONAL USE**

AMENDMENT TO: **BASIC PLANNING STATEMENT**

ZONING BY-LAW

DEVELOPMENT PLAN

PLANNING SCHEME

OWNER _____

APPLICANT _____

LEGAL DESCRIPTION OF PROPERTY _____

LOCATION OF PROPERTY _____

THE BOARD REQUIRES THAT THE FOLLOWING, AS INDICATED BE SUPPLIED:

a) CERTIFICATE OF SEARCH

f) OTHER DATA: _____

b) CERTIFICATE OF TITLE

c) AUTHORIZATION to APPLY

d) SURVEY PLAN BY M.L.S.

e) VALID OPTION TO PURCHASE

APPLICABLE DOCUMENTS:

BASIC PLANNING STATEMENT _____

DEVELOPMENT PLAN _____

ZONING BY-LAW _____

PLANNING SCHEME _____

SUBJECT PROVISION: _____

PROPOSED CHANGES:

a) **VARIED TO ALLOW:** _____

b) **CONDITIONAL USE REQUESTED:** _____

c) **AMENDED TO:** _____

REASON IN SUPPORT:

I undertake to observe and perform all provisions of *The Planning Act*, the applicable Development Plan, Basic Planning Scheme, any development agreement entered into under *Section 48* of *The Planning Act* and any conditions imposed under *Sections 57 or 59* of *The Planning Act*, and the provisions of other relevant laws or by-laws.

SIGNATURE OF OWNER: _____ **DATE:** _____

ADDRESS OF OWNER: _____ **PHONE:** _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

ADDRESS of APPLICANT: _____ **PHONE:** _____

<p>APPLICATION RECEIVED BY: _____ DATE _____</p> <p>APPLICATION FEE \$ _____</p> <p><i>Please make cheques payable to: 23 West Planning District</i> <i>Forward completed form to:</i> <i>23 West Planning District, Box 100, Belmont, Mb. ROK OCO</i></p>
