

Discretionary Use Application
RM of Estevan No. 5

Applicant: Registered Owner Tenant Representative of Owner Other

Name: _____ Phone Number: _____

Company: _____

Address: _____

Legal Land Description: _____ Quarter Section _____ Township _____ Range _____ W2M

Mailing Address (if different): _____

Email: _____

Present Owner (If different from Applicant):

Name: _____ Phone Number: _____

Company: _____

Address: _____

Legal Land Description: _____ Quarter Section _____ Township _____ Range _____ W2M

Mailing Address (if different): _____

Email: _____

Subject Property:

Civic Address: _____

Lot(s): _____ Block: _____ Plan No.: _____

Legal Land Description: _____ Quarter Section _____ Township _____ Range _____ W2M

Current Zoning: _____ Subdivision: _____

Discretionary Use Proposal:

Type of Discretionary Use: _____

Zoning Bylaw 5-2014 Section _____

Current Use of Property (be specific):

Proposed Use of Property:

Detail Description of the Discretionary Use Proposal:

Please fill out the Summary Statement section of the Evaluation Criteria chart below. If there are no impacts please indicate that in the section and do not leave any section empty.

Evaluation Criteria	Summary Statement
1. Impact on Roadways and Traffic	
2. Air Resources	
3. Soil Resources	
4. Water: Drainage	
5. Waste Management	
6. Natural and Heritage Resources	
7. Sustainability: how does this proposal contribute to the social, economic and physical sustainability for the RM	

Associated Discretionary Use Application Fees:

Development Permit \$100.00

Advertising Costs on average \$200-\$1,000

NOTE: The advertising costs are invoiced once the RM has received the cost from the newspaper. The newspaper costs must be paid regardless of the decision made for both the newspaper advertisement and public notice.

I hereby agree to comply with the Zoning Bylaw (5-2014) and all other applicable Bylaws of the RM of Estevan and acknowledge that it is my responsibility to ensure compliance with these and any other applicable bylaws, provincial acts & regulations of any plan reviews or inspections that may or may not be carried out by the RM of Estevan or its authorized representative.

I hereby acknowledge that I have read and understand the application and I agree to pay the Municipality fee equal to the costs associated with providing notice to the public regardless of either an approval or denial decision.

Signature of Applicant

Signature of Owner (If different from applicant)

Name (print)

Name (Print)

Date

Date

Please return to the RM of Estevan No. 5: #1, 322 4th Street, Estevan, SK, S4A 0T8

Phone: 306-634-2222 Fax: 306-634-2223

Email: administrator@rmestevan.ca

Discretionary Use Application

Date of Councils Decision: _____

Approved

Approved with Conditions

Denied

Application has been tabled

Listed below are the conditions if application is approved with Conditions:

Development Officer Signature: _____ Date: _____