



SITE DEVELOPMENT PLAN (SDP) / AREA STRUCTURE PLAN (ASP)

Any approvals granted regarding this application does not excuse the applicant from complying with the requirements of any Federal, Provincial, or other Municipal Legislation, or the conditions of any easement, restrictive covenant or agreement affecting the building or land(s)

APPLICANT:

MAILING ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PHONE NUMBER:

EMAIL:

REGISTERED OWNER:

(if different from applicant)

MAILING ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PHONE NUMBER:

EMAIL:

LEGAL:

LOT:

BLOCK:

PLAN:

PART OF:

SEC:

TWP:

RANGE:

W4M

CIVIC/RURAL ADDRESS:

SUBDIVISION NAME:

Best Estimated Cost of Project(s): \$

Project Start Date:

Project End Date:

Safety Codes Provider: (Your chosen Provider will be required to be used for the duration of the development and is applicable to all disciplines within Safety Codes. This helps in tracking any future safety codes issues for your development)

Superior Safety Codes Inc. The Inspections Group Inc.

Development Details

Proposed Development: NEW EXISTING RESIDENTIAL NON-RESIDENTIAL
 OTHER:

Reason for Area Structure Plan:

Number of Parcels Proposed:

PD-011 Checklist Included: Yes No

Is the Proposed Development Within 800m of:

- Provincial Highway
- Oil/Gas Facility
- River/Waterbody
- Confined Feeding Operation



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Sewage System:

- Existing or Proposed
 Septic Field Holding Tank Open Discharge
 Other:

Water Supply:

- Existing or Proposed
 Well Cistern Common
 Other:

I/We the Applicant and/or Registered Owner(s) certify that:

- a) The information given is complete and is, to the best of my/our knowledge, a true statement of the facts relating to the application for development approval and that no further progress will occur on the development until a decision on the permit has been rendered. *Any material falsehood or any omission of a material fact made by the applicant and/or owner(s) with respect to this application may result in an issued permit becoming null and void.
- b) I authorize the staff of the County of Vermilion River and other agencies as described in Section 542 of the *Municipal Government Act*, to enter my land for the purpose of conducting a site inspection in connection with my development permit application.
- c) Where applicable, the individual(s) whose information has been listed under "Applicant" on this application is hereby authorized to make this application on my/our behalf. (In the case of a registered company, documentation of those with signing authority under company seal is required.)

ELECTRONIC SIGNATURE ACKNOWLEDGEMENT STATEMENT:

I / We agree that all electronic signatures are the legal equivalent of my manual/handwritten signature

Applicant Signature:

Applicant Name:

Date:

Registered Owner Signature:

Registered Owner:

Date:

OFFICE USE ONLY	
Date Received:	Date Deemed Complete:
Roll Number:	Zoning:
Application Fee:	Rural Addressing Fee:
Certificate of Completion Fee:	Certificate of Title Fee:
Method of Payment: <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Credit	
Receipt Number:	Date Paid:
File Number:	