

Discretionary Use Application RM of Estevan No. 5

Applicant: □ Registered C)wner 🗆 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 f	rom 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):Blc	ock:	Plane No.:				
Legal Land Description:	Quarter Sectio	nTownship	_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	
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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	

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: rm5@sasktel.net

Discretionary Use Application							
Date of Councils Decis	ion:	-					
Approved	Approved with Conditions	Denied	Application has been tabled				
Listed below are the conditions if application is approved with Conditions:							
Development Officer S	ignature:	Date:					