Discretionary Use Application
District of Katepwa

Applicant: □ Registered Owner □ Tenant □ Representative of Owner □ Other

Name:_____ Phone Number:_____

Company:_____

Address:_____

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

Civic Address :_____

Email:_____

Present Owner (If different from Applicant):

Name:_____ Phone Number:_____

Company:_____

Address:_____

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

Civic Address :_____

Email:_____

Subject Property:

Civic Address:_____

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

Current Zoning:_____ Subdivision:_____

Discretionary Use Proposal:

Type of Discretionary Use: _____

Zoning Bylaw 2014-6 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 $25.00

I hereby agree to comply with the Zoning Bylaw (2014-16) and all other applicable Bylaws of the District of Katepwa 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 District of Katepwa 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 District of Katepwa: Box 250, Lebret, SK, S0G 2Y0
Phone: 306-332-6645 Fax: 306-332-5808 Email: office@katepwabeach.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:_____