

**DISCRETIONAY USE APPLICATION**

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Lot(s): \_\_\_\_\_ Block: \_\_\_\_\_ Plan 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: \_\_\_\_\_ Plan: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Subdivision: \_\_\_\_\_

**Discretionary Use Proposal:**

Type of Discretionary Use: \_\_\_\_\_

Zoning Bylaw Section \_\_\_\_\_

**Current Use of Property (be specific):**

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**Proposed Use of Property:**

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**Detail Description of the Discretionary Use Proposal:**

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**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 District	

**Associated Discretionary Use Application Fees:**

Discretionary Permit \$100.00

I hereby agree to comply with the Zoning Bylaw 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](mailto: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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Development Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_