

Swan Valley Planning District
Development Application

Name of Applicant: _____ Telephone: _____.

Mailing Address: _____.

Municipality: _____.

FEE of \$50.00 to ACCOMPANY EACH APPLICATION

Location of Proposed Development:

Area: _____ Lot/SEC _____ Block/TWP _____ Plan/RGE _____.

Description of Proposed Development:

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY:

ZONING: _____ Front Setback : _____ Side Yard: _____ Rear Setback: _____

Proposed development meets local zoning by-laws and development plans.

Proposed development does not meet zoning by-law No.: _____

A zoning variance is required from council prior to the commencement of the project.

A conditional use agreement is required from council prior to the commencement of the project.

Development Officer comments:

Date Received: _____ Date Completed: _____.

Ron A. Lewicki
Development Officer
Swan Valley Planning District
Box 1222 /Swan River MB /R0L 1Z0

Contact Information:
Phone: 204-281-3485
Fax: 204-734-3161
Email: svpddo@mymts.net

