



**CITY OF ESTEVAN**  
**DEVELOPMENT PERMIT APPLICATION/PERMIT**

*In accordance with Zoning Bylaw #2010-1834*

For inquiries contact:  
 Land Development Services  
 Phone: (306) 634-1800  
 Fax: (306) 636-2199

**Return to:**  
 City of Estevan  
 1102, Fourth Street  
 Estevan, SK  
 S4A 0W7

<b>Development Permit Number</b>

**All development applications must be accompanied by detailed plans (see "Info Sheet")**

<b>CLASS OF WORK</b>	<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION	<input type="checkbox"/> CHANGE OF USE	<input type="checkbox"/> ACCESSORY USE	<input type="checkbox"/> OTHER
	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional	<input type="checkbox"/> Other

<b>PROPERTY INFORMATION</b>	Civic Address:	Legal Description:		
		Lot:	Block:	Plan #
	Project Name:	Zoning District:		
	Existing Use of Property:			
Brief Description of Proposal:				

<b>APPLICANT INFORMATION</b>	Contact Name:	Company Name:		
	Address:	City:	Postal Code:	
	Phone:	Fax:	Email:	
	Applicant's interest in property:	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Option to Purchase
		<input type="checkbox"/> Contractor	<input type="checkbox"/> Legal Representative	

<b>OWNER INFORMATION</b>	Contact Name:	Company Name:		
	Address:	City:	Postal Code:	
	Phone:	Fax:	Email:	

I hereby declare that all of the information contained in this application is true to the best of my knowledge. I acknowledge that this permit is not valid unless signed by the Development Officer, and all fees have been paid. I acknowledge that issuance of a Development Permit does not relieve the owner or applicant from complying with all City bylaws and/or Provincial/Federal regulations. I agree to adhere to the conditions of this permit. I further acknowledge that a Development Permit is NOT a Building Permit, and that NO CONSTRUCTION SHALL COMMENCE WITHOUT HAVING FIRST OBTAINED A BUILDING PERMIT FROM THE BUILDING OFFICIAL.

Applicant Signature	Date
Registered Owner Signature	Date

**Below for Office Use Only**

<input type="checkbox"/> Application Fee:	<input type="checkbox"/> Performance Deposit: _____
<input type="checkbox"/> TOTAL : _____	
<input type="checkbox"/> PERMITTED USE	<input type="checkbox"/> DISCRETIONARY USE

<b>Referrals:</b>		
<input type="checkbox"/> Engineering	<input type="checkbox"/> Fire Services	<input type="checkbox"/> Business Divisions
<input type="checkbox"/> Public Health	<input type="checkbox"/> Public Notification	<input type="checkbox"/> Finance
<input type="checkbox"/> Council Approval - Date: _____		

<input type="checkbox"/> Property described above is approved for the following development: _____
in accordance with the correspondence and plans submitted in Development Application # _____
<b>THE ATTACHED SHEET SHALL FORM THE CONDITIONS OF PERMIT</b>
Development Officer _____ Date _____