

TOWN OF SHAUNAVON - APPLICATION FOR A DISCRETIONARY USE

APPLICANT: NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE: RESIDENCE \_\_\_\_\_ BUSINESS \_\_\_\_\_

LOCATION: CIVIC ADDRESS: \_\_\_\_\_

LEGAL: LOT(S) \_\_\_\_\_ BLOCK \_\_\_\_\_ PLAN NO. \_\_\_\_\_

APPLICANTS INTEREST IN THE PROPERTY: Owner \_\_\_ Tenant \_\_\_ Option to Buy \_\_\_

PRESENT ZONING OF PROPERTY \_\_\_\_\_

PRESENT USE OF LAND AND BUILDINGS: (be specific)

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

PROPOSED USE OF LAND AND BUILDINGS: (state exactly what you plan to do)

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

(a) Explain the need for this proposal:

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

(b) Is the building: new? \_\_\_\_\_, to be altered? \_\_\_\_\_, to be relocated?  
\_\_\_\_\_, to be demolished? \_\_\_\_\_

OFF STREET PARKING - Advise of the number of off street parking stalls  
available or that will be created and their location:

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

\_\_\_\_\_  
Signature of Applicant Date

Submit this form and other required information to:  
Administrator, Town of Shaunavon Box 820, Shaunavon,  
Saskatchewan SON 2M0 Phone: 297 - 2605