



TOWN OF CUT KNIFE

Home of the World's Largest Tomahawk

Box 130 Cut Knife, SK S0M 0N0

Phone (306) 398-2363 Fax (306) 398-2839

pwtownofcutknife@sasktel.net

Permit #: _____

DEVELOPMENT PERMIT

APPLICATION

FEE: \$ 100.00

#1. APPLICANT INFORMATION

Full Name:	
Civic Address:	Mailing Address:
Phone Number:	Email:

#2. REGISTERED OWNER *Check If Stated As Above ☐

Full Name:	
Civic Address:	Mailing Address:
Phone Number:	Email:
Existing Land Use & Property Description:	

#3. PROPOSED LAND USE / DESCRIPTION OF PROPOSED DEVELOPMENT

#4. PROPOSED DATE OF COMMENCEMENT & COMPLETION

Commencement:	Completion:
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#6. FOR ANY NEW CONSTRUCTION DRAW A SITE PLAN ON A SEPRATE SHEET INDICATING WHERE APPLICABLE:

- Dimensions of the lot; Show property lines and distances from property lines.
- Location and size of all existing and proposed buildings and structures.
- Utility lines, easements, topographic lot grades.
- Proposed site drainage and finished lot grades.
- Location of septic disposal systems and water supply.
- Landscaping: Loading and packing areas, entrance and exit points to sites, fences, screening, trees, hedges.

#7. DECLARATION OF APPLICANT

I, (full name) _____ of the (town) _____ in the province of Saskatchewan do solemnly declare that the above statement contained within the application are true, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of the "Canada Evidence Act".

Fees are to accompany the application: Receipt Number: _____ Date: _____

Signature of Owner or Owner's Agent: _____ Date: _____