

WINNIPEG RIVER SYSTEM APPLICATION FOR SHORE LANDS DEVELOPMENT

Shore Lands Permit Program
P.O. Box 808 • Lac Du Bonnet Manitoba • R0E 1A0
Toll Free: 1-888-377-7443 • Fax: (204) 345-9092
Telephone: (204)345-9073

Permit no.: <b style="font-size: 1.2em;">WS - -
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PURPOSE OF APPLICATION:

<input type="checkbox"/> Gazebo	<input type="checkbox"/> Rip Rap	<input type="checkbox"/> Deck
<input type="checkbox"/> Removable Type Boat Dock	<input type="checkbox"/> Patio	<input type="checkbox"/> Marine Rail System
<input type="checkbox"/> Boat House	<input type="checkbox"/> Storage Building / Pump House	<input type="checkbox"/> Other specify: _____

APPLICANT (REGISTERED LAND OWNER) INFORMATION:

Name	LAST	FIRST	MIDDLE (NO INITIALS)
Mailing address			
CITY OR TOWN	PROVINCE	POSTAL CODE	
Telephone	HOME	BUSINESS	COTTAGE CELL

LEGAL DESCRIPTION OF PROPERTY OWNER'S LAND:

Civic Address
Lot/Parcel _____ Block _____ Plan no. _____ RM/Town/Village _____
Subdivision/Development name
General geographical location

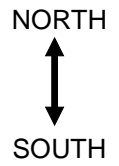
Detailed Information: Please provide any additional information that will help with the processing of this application and complete reverse if this application

Proposed use	GIVE SIZE, TYPE OF CONSTRUCTION

FOR OFFICE USE ONLY:

Received	yyyy mm dd	Processed	yyyy mm dd
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Every applicant must include a sketch with the north arrow showing approximate location and measurements of all structures in relation to the assigned parcel. If this section is not complete, the application will be returned for completion. If the provided space is insufficient, attach additional information as required.



MATERIAL LIST

I/We hereby certify that all information given in this Application is true in substance and in fact; that I/we are over the age of eighteen years, and that I/we will not commence any construction or development of the site until I/we have received written approval of this application. I agree that the information provided on this application may be shared with the local municipal officials, the Department of Fisheries and Oceans and any other agency involved in the administration of the aforementioned area.

Date

Signature of Applicant

Signature of Applicant