



**S.A.Y. FIRST NATION
LANDS OFFICE
REZONING, LAND USE AMENDMENT AND
TEMPORARY USE PERMIT APPLICATION**



APPLICATION INFORMATION

APPLICATION TYPE: (mark all applicable boxes):		
<input type="checkbox"/> Commercial Development	<input type="checkbox"/> Institutional Development	<input type="checkbox"/> Rezoning
<input type="checkbox"/> Construction	<input type="checkbox"/> Infrastructure, Sewer, Water	<input type="checkbox"/> Roads, Intersections, etc.
<input type="checkbox"/> Development Permit	<input type="checkbox"/> Land Use Amendment	<input type="checkbox"/> Temporary Use Permit
<input type="checkbox"/> Excavation	<input type="checkbox"/> Recreational Development	<input type="checkbox"/> Other:
<input type="checkbox"/> Industrial Development	<input type="checkbox"/> Residential Development	
FILE#	DATE OF APPLICATION:	APPLICATION #
APPLICATION FEE \$	RECEIPT#	DATE RECEIVED:

DEVELOPER/AGENT INFORMATION

DEVELOPER (AGENT)		CORPORATE NAME:	
INCORPORATION NO.			
GST#		HST#	
Address of Records Office:			
PHONE # (WORK)		PHONE# (CELL)	
FAX#		EMAIL:	
NAME OF DIRECTORS:			
Have any of the directors gone bankrupt or been a director for a corporation that has gone bankrupt in the past 5 years?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please provide the name of the director and the details:			
Name of the Authorized Representative:			
Address:		Telephone:	
<input type="checkbox"/> COPY OF DIRECTORS RESOLUTION authorizing representative or an affidavit of execution or proof of authority to use the corporate seal attached to application?			

CP HOLDER INFORMATION (List all Certificate of Possession Holders)

All applications must be signed by both the CP Holder/Legal Interest Holder and, if there is one, the Corporate, agent or developer applicant.

By signing below I/We hereby authorize the corporation, agent or developer listed below to apply on our behalf. I/We agree to provide all information required for this application and to abide by all relevant S.A.Y., Federal, provincial and municipal laws in relation to the application and the project.

OWNER (CP HOLDER 1)	PHONE# (WORK)
MAILING ADDRESS:	PHONE # (CELL)
CITY/PROVINCE/POSTAL CODE	EMAIL:
SIGNATURE:	Date:
OWNER (CP HOLDER 2)	PHONE # (WORK)
MAILING ADDRESS:	PHONE# (CELL)
CITY/PROVINCE/POSTAL CODE	EMAIL:
SIGNATURE:	Date:
OWNER (CP HOLDER 3)	PHONE# (WORK)
MAILING ADDRESS:	PHONE# (CELL)
CITY/PROVINCE/POSTAL CODE	EMAIL:
SIGNATURE:	Date:
OWNER (CP HOLDER 4)	PHONE# (WORK)
MAILING ADDRESS:	PHONE# (CELL)
CITY/PROVINCE/POSTAL CODE	EMAIL:
SIGNATURE:	Date:
OWNER (CP HOLDER 5)	PHONE # (WORK)
MAILING ADDRESS:	PHONE # (CELL)
CITY/PROVINCE/POSTAL CODE	EMAIL:
SIGNATURE:	Date:

LEGAL DESCRIPTION

LOT	PLAN	<input type="checkbox"/> Aitchelitz I.R. # 9 <input type="checkbox"/> Skowkale I.R. #10 <input type="checkbox"/> Skowkale I.R. #11 <input type="checkbox"/> Yakweakwioose I.R. #12
STREET ADDRESS:		
EXISTING LAND USE UNDER THE LAND USE AND ZONING LAW:		
PROPOSED LAND USE (IF DIFFERENT FROM CURRENT USE):		
LEASE REGISTRATION#	SUBLEASE REGISTRATION#	

TEMPORARY USE PERMIT

REASON FOR PROPOSED TEMPORARV USE PERMIT {attach additional pages if necessary)

ZONING OR LAND USE AMENDMENT

REASON FOR REZONING OR AMENDMENT AND PROPOSED LAND USE {attach additional pages if necessary)

CHECKLIST

I have provided all of the information and documents set out in the attached Rezoning, Land Use Amendment and Temporary Use Permit Application Checklist	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
If no, please provide an explanation:	

NOTE: If the applicant is not the registered owner of the property concerned, then the land owner/interest holder's signature is required on this application.

I/we hereby apply for the above approvals and agree to provide all information required for this application and to abide by all relevant to S.A.Y., federal, provincial and municipal laws in relation to the application and the project.

I/we further agree to allow any authorized S.A.Y. Representative or their delegate to enquire into my/our credit history, corporate standing and all other aspects of my/our business relevant to this application.

I accept responsibility for delays in processing caused by incorrect or insufficient submissions. Contact the S.A.Y. Lands Office, if you should have any further questions.

I represent to the S.A.Y. First Nation, knowing that the S.A.Y. First Nation relies on this representation and warranty, that the property covered by this application, to the best of my knowledge having done due and diligent inquiry, is not contaminated or polluted in any way that would make it unlawful, unsafe or unsuited for the purpose for which it is intended to be used.

I assume all risks incidental to or that may arise as a result of the of this application and agree to save harmless and indemnify the S.A.Y. First Nation and its officials, agents, servants and representatives from and against all claims, actions, costs, expenses and demands with respect to death, injury, loss or damage to persons or property arising out of or in connection with this application. I agree to conform to all applicable laws. I understand that

no warranty is Implied for the approval of this application and that this wavier and Indemnity is binding on me, my heirs, executors and assigns.

I have read and agree with the above paragraphs.

Signature of Applicant/Agent

Date

Signature of CP-Holder/Interest Holder

Date

OFFICE USE ONLY		
APPLICATON IS:	<input type="checkbox"/> COMPLETE	<input type="checkbox"/> INCOMPLETE
Comments:		
Date:	Name of Staff Member:	
Signature:		