



MCLEOD LAKE INDIAN BAND

LAND MANAGEMENT DEPARTMENT

GENERAL DELIVERY • MCLEOD LAKE • BC • VOJ 2G0
 TEL 250.750.4415 • TOLL FREE 1.888.822.1143
 FAX 250.750.4420

APPLICATION FOR DEVELOPMENT

Please check all items carefully, if you need assistance please contact the Lands Manager

1. APPLICATION TYPE (Check the Appropriate Item below)

<input type="checkbox"/> DEVELOPMENT PERMIT (BASIC) <input type="checkbox"/> DEVELOPMENT PERMIT (SUBDIVISION, COMMERCIAL, INDUSTRIAL, INSTITUTIONAL) <input type="checkbox"/> TEMPORARY USE PERMIT <input type="checkbox"/> SPECIAL USE PERMIT (TRADITIONAL USE, FIREWOOD) <input type="checkbox"/> FORESTRY SITE PLAN <input type="checkbox"/> REZONING	OFFICE USE ONLY FILE #: FEES: DATE RECEIVED: RECEIPT: Y / N
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2. PROPONENT DATA (Please Print)

IS THIS A SUBMISSION MADE BY BAND ADMINISTRATION? Y / N
 IF YES, PLEASE STATE THE CONTACT PERSON & DEPARTMENT AS THE PROPONENT.

PROponent'S NAME	DEPT	AGENT OF PROPONENT (IF APPLICABLE)	
ADDRESS		ADDRESS	
CITY/TOWN/VILLAGE		CITY/TOWN/VILLAGE	
POSTAL CODE		POSTAL CODE	
TELEPHONE #	FAX #	TELEPHONE #	FAX #
E-MAIL ADDRESS		E-MAIL ADDRESS	

3. PROJECT DATA

NAME OF PROJECT
STREET ADDRESS OR LOCATION
CURRENT LAND USE DESIGNATION ¹

¹ For current Land Use Designations please refer to Section 3 of the MLI B Land Use Plan.

CURRENT LAND USE ZONE ²
PROPERTY SIZE (IN HECTARES) ³
STREET/HWY/FSR FRONTAGE (IN METRES)
PROPOSED LAND USE DESIGNATION & ZONE
PLEASE DESCRIBE THE PROPOSED DEVELOPMENT

4. SITE DATA (Please Print)

PLEASE DESCRIBE THE GENERAL CHARACTERISTICS OF THE SITE INCLUDING BUILDINGS, WATERWAYS, SLOPES, ETC.

NORTH	
SOUTH	
EAST	
WEST	

IN ADDITION THE PROPONENT IS REQUIRED TO PROVIDE THE FOLLOWING FOR ALL SUBDIVISION, COMMERCIAL, INDUSTRIAL AND INSTITUTIONAL APPLICATIONS (failure to provide any of the following may delay the application).

<input type="checkbox"/>	THE LEGAL BOUNDARIES AND DIMENSIONS OF THE PROJECT PROPERTY
<input type="checkbox"/>	BOUNDARIES AND DIMENSIONS OF ANY PROPOSED LOTS (FOR SUBDIVISION)
<input type="checkbox"/>	THE LOCATION OF PERMANENT BUILDINGS & STRUCTURES ON THE PROJECT PROPERTY INCLUDING DISTANCE TO THE PROPERTY LINES
<input type="checkbox"/>	THE LOCATION OF PROPOSED BUILDINGS, STRUCTURES OR ADDITIONS ON THE PROJECT PROPERTY WITH DISTANCE TO THE PROPERTY LINES
<input type="checkbox"/>	THE LOCATION OF EXISTING OR PROPOSED ACCESS ROADS, DRIVEWAYS, SCREENINGS OR FENCES
<input type="checkbox"/>	THE LOCATION OF ANY SEWAGE DISPOSAL SYSTEMS
<input type="checkbox"/>	THE LOCATION OF PROPOSED SERVICING WORKS, SUCH AS WATER, SEWER, HYDRO
<input type="checkbox"/>	THE LOCATION OF ANY PROPOSED EARTHWORKS/GRADING /LANDSCAPING

² At this time zoning only exists for IR #1, if your proposed development occurs on IR #1, please refer to Section 3 of the MLIB Land Use Plan.

³ For imperial and metric conversions please see: <http://convert.french-property.co.uk/>

<input type="checkbox"/>	THE LOCATION OF ANY PHYSICAL OR TOPOGRAPHIC CONSTRAINTS (SUCH AS WATERWAYS, SHORELINES, RAVINES, STEEP SLOPES, ETC)
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PLEASE NOTE THAT THE LANDS DEPARTMENT MAY REQUIRE ADDITIONAL OR MORE DETAILED INFORMATION, DEPENDING ON THE APPLICATION.

IT MAY ALSO BE NECESSARY FOR THE PROPERTY BOUNDARIES TO BE SURVEYED BY A BRITISH COLUMBIA LAND SURVEYOR.

5. INFORMED CONSENT

I UNDERSTAND THAT THIS APPLICATION AND THE INFORMATION OR DOCUMENTS PROVIDED IN SUPPORT OF THE APPLICATION ARE PART OF THE BAND RECORD AND MAY BE AVAILABLE UPON REQUEST. I HEREBY CONSENT TO THE DISCLOSURE OF SUCH INFORMATION TO CHIEF AND COUNCIL AND AFFECTED MEMBERS ON REQUEST, EXCEPT AS STATED BELOW:

(Please list any PERSONAL information that you do not wish to include in the Band record)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT THE INFORMATION PROVIDED WITH RESPECT TO THIS APPLICATION IS FULL AND COMPLETE AND IS, TO THE BEST OF MY KNOWLEDGE, FACTUAL AND CORRECT. IT IS UNDERSTOOD THAT THE INFORMATION COLLECTED WILL BE USED IN THE PROCESSING OF THIS APPLICATION.

SIGNATURE OF PROPONENT

DATE

SIGNATURE OF PROPONENT'S AGENT
(IF APPLICABLE)

DATE



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SPECIAL USE PERMIT (SUP)

Please read the following carefully, if you need assistance please contact the Lands Manager

1. PERMIT TYPE (Check the Appropriate Item below)

<input type="checkbox"/> FIREWOOD <input type="checkbox"/> SMOKE HOUSE <input type="checkbox"/> CONTROLLED BURN <input type="checkbox"/> PLANT HARVESTING	OFFICE USE ONLY FILE #: DATE ISSUED: DATE OF EXPIRY:
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A MAP HAS BEEN PROVIDED TO THE PERMITEE OUTLINING THE PROPER AREA FOR HARVESTING Y / N

2. PERMITEE DATA (Please Print)

PERMITEE'S NAME		AGENT OF PERMITEE (IF APPLICABLE)	
ADDRESS		ADDRESS	
CITY/TOWN/VILLAGE		CITY/TOWN/VILLAGE	
POSTAL CODE		POSTAL CODE	
TELEPHONE #	FAX #	TELEPHONE #	FAX #
E-MAIL ADDRESS		E-MAIL ADDRESS	

3. AREA SUMMARY

STREET ADDRESS OR LOCATION
CURRENT LAND USE DESIGNATION ¹
CURRENT LAND USE ZONE ²
STREET/HWY/FSR FRONTAGE (IF APPLICABLE, IN METRES)

¹ For current Land Use Designations please refer to Section 3 of the MLIB Land Use Plan.

² At this time zoning only exists for IR #1, if your proposed development occurs on IR #1, please refer to Section 3 of the MLIB Land Use Plan.

4. TERMS AND CONDITIONS

THIS PERMIT IS WITHOUT FEE AND SUBJECT TO THE FOLLOWING CONDITIONS AND REQUIREMENTS:

- THAT FOR THE PURPOSES OF THIS SUP THE PERMITEE AGREES TO STAY WITHIN THE BOUNDARIES OF THE AREA IDENTIFIED AND APPROVED BY THE LANDS DEPARTMENT (AS PROVIDED IN SECTION 3 AREA SUMMARY).
- THIS PERMIT WILL EXPIRE IN 120 DAYS (4 MONTHS) FROM THE DATE OF ISSUE.
- THE LANDS MANAGER, LAND MANAGEMENT COMMITTEE MEMBERS OR LANDS DEPARTMENT STAFF MAY CARRY OUT VISUAL INSPECTION OF THE SITE AT ANY TIME.

5. INFORMED AGREEMENT

I, THE UNDERSIGNED, HEREBY CERTIFY THAT THE INFORMATION PROVIDED WITH RESPECT TO THIS PERMIT IS FULL AND COMPLETE AND IS, TO THE BEST OF MY KNOWLEDGE, FACTUAL AND CORRECT.

I HAVE READ THE TERMS AND CONDITIONS OF THE SUP AND AGREE TO UPHOLD THESE TERMS AND CONDITIONS.

SIGNATURE OF PERMITEE

DATE

SIGNATURE OF PERMITEE'S AGENT
(IF APPLICABLE)

DATE