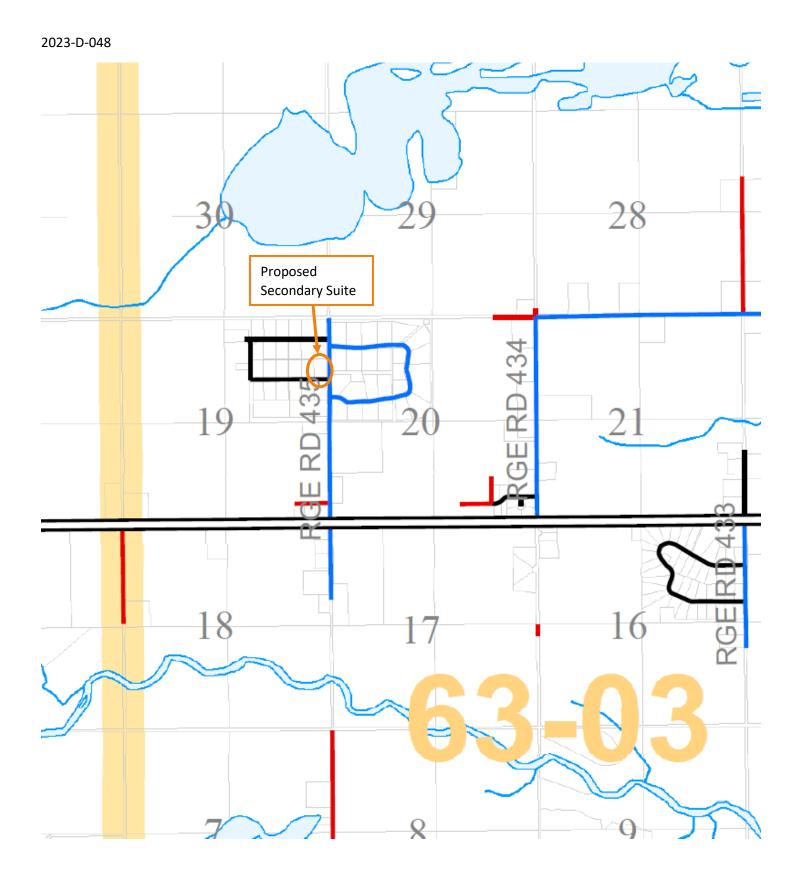
APPENDIX B





MUNICIPAL DISTRICT

MUNICIPAL DISTRICT OF BONNYVILLE NO. 87

Bag 1010, Bonnyville AB T9N 2J7 Phone: 780-826-3171 Fax: 780-826-4524 2023-D-048
DEVELOPMENT PERMIT

OFFICE USE ONLY

DEVELOPMENT PERMIT APPLICATION

I hereby make application under the provisions of the M.D. of Bonnyville No. 87 Land Use Bylaw for a Development Permit in accordance with the plans and supporting information submitted herewith and which form part of this application.

form part of this appli APPLICANT INFO				
Name of Applicant:	Mike Petrock		Contact Name : Mil	ke Petrock
Daytime Phone #:		_ Email Address:_		
Address:			Postal Code	
Registered owner: Da	na Petrock		Daytime Phone #:	
Address:			Postal Code	:
LAND INFORMATI	ON:			
Plan: 1324179	Block 3	_ Lot <u>12</u> Rol	l No. 6303191033	
Rural Address: 102-6	3324 RR435	Is the prope	63 Range: 3 erty currently under sub Subdivision: Asper	odivision? Yes
Proposed Use:			☐ Industrial	
Development Des	_	L Commercial	- Industrial	L Recreational
☐ Deck ☐ Basement Square Footage: 720 Required Services:	Building Heig	ther: Living quarters ht: 14ft Setbacks:		Side1 230ft Side2 130f
NOTE: For all devel	opments other th	an home businesse	es, a SITE PLAN SKET(evelopment in relation	CH MUST accompany
Estimated project sta	st or contract price:	\$70000 Estima	ated completion date: L	ee:\$ 175,00°
descriptions and the rural application. This release of Information and Protection or safety. Should you require the reply give my consent.	I serviceable addresses for information and discloration of Privacy Act, which a uire additional information to allow all authorized responses.	for the properties that are of sure of release to you, is in authorizes disclosure based on, please contact the multipersons the right to enter to	OF 911, the property owner created or modified as a resul n accordance with Section 17 d upon compelling circumstan nicipality's FOIP coordinator.	of the approval of this of the Freedom of ces affecting anyone's health
application only. I unders to this application, or any	tand and agree that this information related the	reto, is not confidential inf	nent permit and any developr formation and may be released ana Petrock	d by the M.D. of Bonnyville.
Date Receipt #: 259607	Date: APR 0 3	<u>L</u> Signature o	of Applicant	

