



RESORT VILLAGE OF TOBIN LAKE

PO Box 1479
Nipawin, SK S0E 1E0

306-862-2895
rvtobinlake@sasktel.net
www.resortvillageoftobinlake.ca

REMOVAL PERMIT APPLICATION

| | | |
|-----------------------------|--|---------------------------------------|
| OWNER | Name | Phone Number () |
| | Mailing Address | Email |
| | City | Province Postal Code |
| PROPERTY INFORMATION | Lot Block Plan | Civic Address |
| | Existing Use | |
| | Proposed Use | |
| BUILDING MOVER | Name | Phone Number () |
| | Mailing Address | Email |
| | City | Province Postal Code |
| MOVING INFORMATION | Moving to: _____ | |
| | Start Date: _____ Completion: _____ | |
| | Other Comments: _____ | |

Submission Requirements

| | | |
|-------------------------------|---|---|
| Site Plan | Site plan required indicating all buildings on site and which building(s) to be demolished. | Site Plan Submitted <input type="checkbox"/> |
| Confirmation of Current Taxes | The applicant must return application to office and have them confirm that the property taxes are current. | Taxes Confirmed <input type="checkbox"/> |
| Water & Sewer Disconnect | The applicant must return application to office to arrange for disconnection of all water & sewer lines. | Water & Sewer Disconnected <input type="checkbox"/> |
| Accounts Receivable | The applicant must return application to office for confirmation that all accounts assigned to this property are current. | A\R Confirmed <input type="checkbox"/> |



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DECLARATION:

I, _____ of the Resort Village of Tobin Lake in the province of Saskatchewan, solemnly declare that all the above statements contained within this 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 effects as if made under oath, and by virtue of *The Canada Evidence Act*.

I confirm that Saskpower and any other relevant Provincial & Municipal Regulatory bodies have been consulted in the moving of this building.

Date

Signature

Application Fee \$ _____ Deposit \$ _____ Total \$ _____

OFFICE USE ONLY

Application No: _____ Date Received: _____ Present Zoning: _____

Deposit Paid: _____ Date Deposit Returned: _____