

## Town of Kindersley Preliminary Project Proposal/Review (PPP/PPR)

<b>APPLICA</b>	TV			
Name:				
Address:			Cell:	
Phone #	Office:	Home:		
Email:			Fax:	
Property	Owner/ or Same as	Applicant Yes No		
Name:				
Address:				
Phone #	Office:	Home:	Cell:	
Email:			Fax:	
PROJECT	TITLE:			
LOCATIO	N OF PROJECT			
Civic Address:				
		TAILS (Attach Additional Pages, If		
=	-	se of the development propose pply and Services):		
	Trouses, on Freid ou	pp., a.i.a se. iiees, <u>.</u>		
•	Document(s): Attac artners:	h plan or drawing Yes No		
	stimated Project Buc	lget:		
IMPACT				
Businesses / people employed during construction period:				
LC C	nig term jobs create	u/sustaineu:		
Si-	te Drainage Imnact	:		
Tr	affic Impact:			
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A Preliminary Project Proposal/Review is not an application for a Development / Building Permit. It is intended to familiarize Town staff with the rough details of your plan, to ensure efficient service, & for applicants to have their plans reviewed in advance and get answers or clarification prior to submitting a formal application.

•	ur development require new roads or unusual service extensions?)	
Environmental Impact:		
SUITABILITY		
	Previous Land Use	
<ul> <li>Does your development</li> </ul>	project match the intentions of our Official Community Plan	
•	evelop on properly zoned for your type of development? nsure	
Requires Council	omplies with all applicable zoning regulations) approval (Check all that apply)	
For zoning	For setbacks	
	For coverage	
_	To purchase municipally owned land	
Other (list)		
Unsure		
TIMELINE		
Please indicate estimated completic	on dates for the following if applicable	
Architectural Design:		
Surveying:		
Construction:		
SPECIAL REQUESTS:		
	Date (DD/MM/YYYY) Signature of Applicant or Owner	
	FOR OFFICIAL USE ONLY	
Received by:		
Assigned to:	Payment received: \$	