

RM OF LEASK No. 464**DRAFT APPLICATION FOR DOCK/ BOAT LIFT**

Box 190 Leask SK S0J 1M0

Phone: (306)466-2000

Fax: (306)466-2091

Email: admin.464@sasktel.net

Bylaw 9/2012 requires anyone wanting to install or place a dock or boat lift within the municipality to be issued a licence prior to the placement of that dock or boat lift within the municipality.

Application Fee: \$30.00**Licence Fee: \$75.00/3 years****Applicant Name:** _____**RM of Leask Address:** _____**Telephone:** _____

Residence

Cellular

Other

Applicant Permanent Address/ Contact information (if different then above):**Address:** _____**Telephone:** _____

Residence

Cellular

Other

Licence requested for number of; (MAXIMUM 1 DOCK & 2 LIFTS)**Dock:** _____ **Boat Lift(s):** _____ **Personal Watercraft Lift(s):** _____**Description or type of Dock:** _____**Please attach copy of; Site Sketch** _____ **Payment in full** _____

Forward the completed application form, any necessary supporting documents, along with the application and licence fee to:

Rural Municipality of Leask No. 464**Box 190****Leask SK S0J 1M0****Make cheques payable to: Rural Municipality of Leask****Incomplete applications subject to \$30 fee.****Declaration of Applicant**

To the maximum extent permitted by applicable law, in no event shall the Rural Municipality of Leask No. 464 and/or its elected officials, Officers, Employees, Agents, Volunteers, Contractors, and Representatives (herein referred to as RM of Leask) shall forever be released from any and all actions, expense, claims, or demands that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to the issuance of a licence from RM of Leask for any dock and/or boat lift. I further understand it is my sole responsibility to comply with any and all other municipal, provincial and federal law. I have carefully read these terms and fully understand its contents and that I undertake to sign it of my own free will. I further certify that all statements contained within this application are true and I make this application knowing and believing them to be true.

Applicant's Signature_____
Date

Please note: Once your application is processed, your licence will be available to be picked up from the RM of Leask Municipal Office. A licence shall only be issued to the applicant.

Internal use only: _____

Payment Amount

Approved

Hold

Initial

Receipt Number

Licence Number

Initial of Officer Processing Application