



Rural Municipality of Dundurn #314

PO Box 159 Dundurn, SK. S0K 1K0
Phone: 306-492-2132 Fax: 306-492-4758
Email: rm314@dundurnrm.ca

APPLICATION TO ENTER / ALTER MUNICIPAL LAND

*All work will be inspected upon completion by a representative of the RM of Dundurn.

Applicant Name _____

Contact Numbers _____ email: _____

Mailing Address _____

I, _____, hereby request permission to enter/alter
municipal land in the RM of Dundurn located at _____.
(Legal Land Location)

I acknowledge that I will assume any cost or liability. Should the nature of work deviate from the original permit application and that the RM of Dundurn shall be absolved from any cost or liability resulting thereof. Any work performed under this permit is subject to final inspection and approval.

Nature of work to be performed. (Please provide as much detail as possible)

(Signature of Applicant)

(Signature of RM Representative)

(Date)

(Date)



Rural Municipality of Dundurn #314

PO Box 159 Dundurn, SK. S0K 1K0
Phone: 306-492-2132 Fax: 306-492-4758
Email: rm314@dundurnrm.ca

NOTICE OF DECISION Enter/Alter Municipal Land

Applicant Name _____

Contact Numbers _____ email: _____

Mailing Address _____

Permit No. _____

The application for a permit to enter/alter municipal land at:

(a) Approved Resolution # _____

(b) Approved subject to the following changes:

(c) Refused for the following reasons:

(Date)

Administrator