**Rural Municipality of Lac du Bonnet**
4187 PR 317 Lac du Bonnet, MB R0E 1A0
Phone (204)345-2619 Fax (204) 345-6716
email: rmldb@lacdubonnet.com

| | |
|---|---|
| **RECEIPT #** | |
| **DATE PAID:** | |

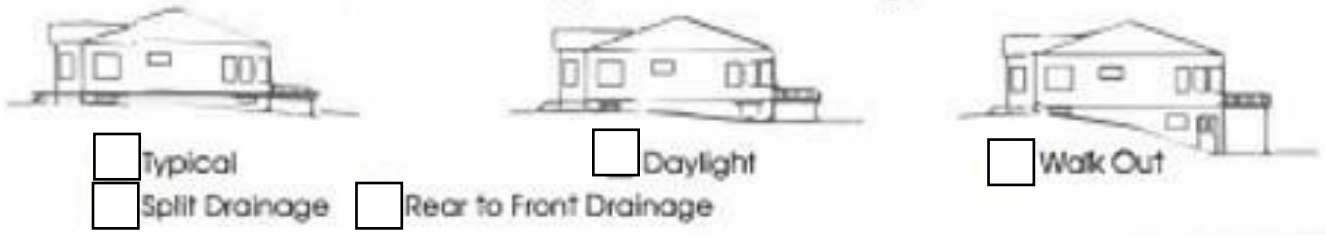
# Application for Lot Grade - By-Law 10-24

| | | | | |
|---|---|---|---|---|
| Roll No. | | Lot Grade Fee | | PAID |
| CIVIC | | Lot Grade Deposit | | |
| | | **TOTAL** | | Yes/No |

| **APPLICANT OR CONTRACTOR** | | **REGISTERED LAND OWNER** | |
|---|---|---|---|
| Name | | Name | |
| Address | | Address | |
| E-mail | | E-mail | |
| Phone | | Phone | |
| *I declare that all information in regard to this Application is true and correct* | | *I hereby Authorize the Applicant to apply on my Behalf* | |
| *Signature* | | *Signature* | |
| *Date* | | *Date* | |

Size of Building Length_____x Width_____

**Please indicate foundation type: Please note building must be staked.**



☐ Typical ☐ Daylight ☐ Walk Out
☐ Split Drainage ☐ Rear to Front Drainage

**INDEMNITY CLAUSE FOR SERVICE** APPLICATION **AND SERVICES PERMIT**

I undertake to observe and perform the provisions of all Dominion or Provincial statutes or regulations, and the applicable by-law or by-laws, schemes and regulations or orders and plans continued in force in the RM of Lac du Bonnet affecting said land, and all specifications or instructions issued by the duly authorized officers of the Municipality in respect of the work incidental to the subject matter of this application and to indemnify the Municipality against all losses, costs, charges or damages caused by or arising out of anything done pursuant to any permit issued under this application.

1. FINAL GROUND ELEVATION AT BUILDING OR CORNERS OF LOT MIN./MAX. OF 3" FROM PROPOSED ELEVATION
2. **EXCAVATION NOTIFICATION REQUIREMENT:** APPLICANTS ARE REQUIRED TO NOTIFY THE CET AT LEAST FIVE (5) WORKING DAYS PRIOR TO EXCAVATION. THIS NOTIFICATION MUST ONLY BE SUBMITTED AFTER A VALID BUILDING PERMIT HAS BEEN ISSUED. TO REQUEST A LOT GRADE INSPECTION, PLEASE LOG INTO THE **INSPECTIONS** SECTION IN CLOUDPERMIT. UNDER **LOT GRADE**, SELECT **REQUEST INSPECTION**. IF UNABLE TO SUBMIT YOUR REQUEST THROUGH CLOUDPERMIT, PLEASE CONTACT THE CET AT 204-345-2998, EXT. 115. FINAL LOT GRADE WILL BE ASSESSED AT FINAL INSPECTION OF BUILDING.
3. WINDOW WELLS NOT RECOMMENDED

Applicant's Signature :_____ Date:_____