



LANDSCAPING PERMIT APPLICATION

Box 220 Station Main
White City, SK S4L 5B1
Ph: 306-781-2355
Email: townoffice@whitecity.ca
Website: www.whitecity.ca

PERMIT _____

1. PROPERTY OWNER

Name: _____
Address: _____ Postal Code: _____
Telephone: _____ Email: _____

2. CONTRACTOR (IF DIFFERENT FROM OWNER)

Name: _____
Telephone: _____ Email: _____

3. PROPERTY – LEGAL DESCRIPTION

Lot: _____ Block: _____ Plan: _____
Civic Address: _____

4. ESTIMATED TIMELINE OF WORK

Date of Commencement: _____ Date of Completion: _____

5. PERMIT REQUIREMENTS

- Appropriate Grade Level Certificate & Real Property Report
- Attached site plan (*must be approved by the developer*) displaying:
 - Hard surfaces (sidewalks, fences, retaining walls, driveways, patios, etc.)
 - Trees (location and type), grass and other finishes (flower beds, gardens, etc.)
 - Utility line and easement locations (water, sewer, gas, electrical, power lines)
- Separate permit application for any sheds/accessory buildings included in landscaping plans.

6. DECLARATION OF APPLICANT

I hereby agree to comply with the grade level requirements and acknowledge that it is my responsibility to ensure compliance with the Restrictive Covenant of the Developer. I agree to complete the landscaping conforming to the approved plans and if any changes are required, will seek secondary approval from the Town of White City. Upon full completion of the landscaping, I will contact the municipality for an inspection to determine compliance with the landscaping and ditch deposit regulations.

Applicant's Signature

Date

7. OFFICE USE ONLY

Permission is hereby granted to _____ to complete the landscaping on the civic address or location _____. This permit expires two years from the date of issue if work has not commenced within that period or if work is suspended for a period of six months.

Authorized Municipal Official

Date

SEAL