



Rural Municipality of Lac du Bonnet

4187 PR 317 Lac du Bonnet, MB R0E 1A0

Phone (204)345-2619 Fax (204) 345-6716

email: rmlldb@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

Name	
Address	
E-mail	
Phone	

I declare that all information in regard to this Application is true and correct

Signature	
Date	

REGISTERED LAND OWNER

Name	
Address	
E-mail	
Phone	

I hereby Authorise the Applicant to apply on my Behalf

Signature	
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. **OWNER SHALL NOTIFY THE MUNICIPALITY A MIN. 5 WORKING DAYS PRIOR TO EXCAVATION BY CALLING 204-345-2619 EXT 112 OR EMAILING CET@LACDUBONNET.COM. FINAL LOT GRADE WILL BE ASSESSED AT FINAL INSPECTION OF BUILDING. LOT GRADE DEPOSIT REFUNDS MUST BE MADE IN WRITING TO THE RM WITHIN 24 MONTHS OF ISSUANCE OF LOT GRADE PERMIT.**
3. WINDOW WELLS NOT RECOMMENDED
4. ALL APPLICATIONS MUST INCLUDE ONE (1) SITE PLAN SHOWING LOCATION OF PROPOSED BUILDING AND ANY PRESENT OR PROPOSED DRIVEWAYS, GARAGES SWIMMING POOLS, ROOF DRAIN SPOUTS, SUMP PUMP DISCHARGE PIPE. IF MULTI LEVEL BUILDING, MUST INCLUDE ONE COPY OF A PLAN SHOWING SECTION OF THE FOUNDATION AND FIRST FLOOR OF THE BUILDING.

Applicant's Signature : _____

Date: _____



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BUILDING PERMIT NO.

LOT GRADE DEPOSIT FEE

LOT GRADE DEPOSIT REFUND REQUEST

Please email, fax or return this form to the RM of Lac du Bonnet Administration Office upon completion of the Final Inspection.

Note: Final Lot Grades and Deposit Refunds must be submitted within 24 months of issuance of Lot Grading Permit as per By-law 10-24.

REGISTERED LANDOWNERS	
Name	
Roll Number	
Civic Address	
Mailing Address	
E-mail	
Phone	

The undersigned hereby applies for a Lot Grade Deposit Refund. We declare that these lot grades are completed, inspected and approved by the Rural Municipality of Lac du Bonnet in accordance with all application bylaws and regulations.

Applicant Signature:

Date:

INTERNAL OFFICE USE ONLY

Authorization for release of Lot Grade Deposit:

Road Damage

Landscape/Drainage

Fees Outstanding

Building Inspector:

Lot Grade Refund Amount Approved:

\$ _____