

**Real Estate Services Branch
Application for
Permit/Lease/Purchase/Easement/Exchange/Licence of
Occupation
(under *The Crown Lands Act c.C340*)**

Please check one (√)

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Permit | <input type="checkbox"/> Exchange |
| <input type="checkbox"/> Lease | <input type="checkbox"/> Licence of |
| <input type="checkbox"/> Purchase | Occupation |
| <input type="checkbox"/> Easement | |



1(a) PRIMARY APPLICANT (Individual):
(Go to 1(b) if a Corporation or Government Department/Agency)

Name: _____
Client # _____ LAST (Please Print) FIRST MIDDLE (no initials)

Mailing Address: _____ Postal Code: _____

Phone No: (Work): _____ (Home): _____ Date of Birth: _____
Year/ Month/ Day

E-mail address: _____

GST Registration No. _____ Are you a resident of Manitoba? Yes No Canada?: Yes No

1(b) SECONDARY APPLICANT (If applicable):

Name: _____
Client # _____ LAST (Please Print) FIRST MIDDLE (no initials)

Mailing Address (if different from above): _____ Postal Code: _____

Phone No: (Work): _____ (Home): _____ Date of Birth: _____
Year/ Month/ Day

E-mail address: _____

GST Registration No. _____ Are you a resident of Manitoba? Yes No Canada?: Yes No

If two applicants – Please Specify:

- Specify: As Joint Tenants – Referred to as the Law of Survivorship - Upon the death of one, the remaining Tenant acquires ownership. Property does not form part of the Estate of the Deceased.
- As Tenants in Common – Law of Survivorship does not apply. Upon the death of one, the property does not automatically go to the remaining Tenant.

1(c) CORPORATE OR GOVERNMENT APPLICANT

Client # _____

Registered Name: _____ Phone No: _____

Mailing Address: _____ E-mail address: _____

Authorized Signing Officers: _____
(Please print)

Type of Organization: Corporation Government Department Government Agency Other _____

Include Current Copy of Certificate of Status (if applicable).

FOR LANDS BRANCH USE ONLY:

CQ/MO/CA\$ _____ MRO _____

CD: _____ CN: _____

Rev Code: _____

Signature: _____

Parcel ID # _____

Disposition Type & # _____

FOR CASHIER USE ONLY:

(Rev Code: 8-15-)

2 LOCATION AND LEGAL DESCRIPTION OF LAND APPLYING FOR:

(MINIMUM of ONE required)

- 1. Lot or Parcel No. _____ Block No. _____ Plan No. _____ LTO _____
Name of Community/Subdivision: _____
- 2. Part OR All OR Legal Subdivision _____ of NW¼ NE¼ SW¼ SE¼
of Section _____ Township _____ Range _____ West East East of the 2nd (Principal Meridian)
- 3. River Lot No. _____ Parish or Settlement: _____
- 4. Latitude: _____ ° _____ ' _____ " N Longitude: _____ ° _____ ' _____ " W
Degrees Minutes Seconds Degrees Minutes Seconds

Other Required Information:

Site Dimensions: Frontage: _____(feet) Depth: _____(feet)

AREA REQUESTED IN ACRES: _____

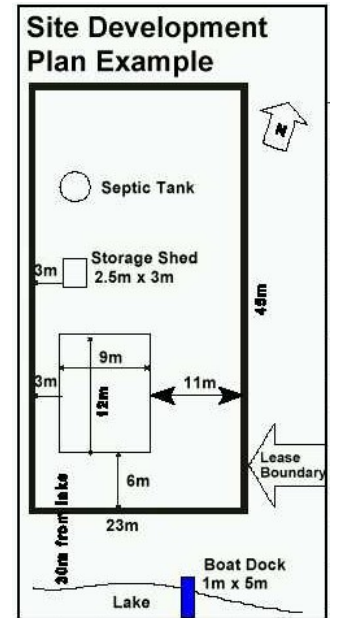
Name of Municipality/Community: _____

Street address (if any): _____

3 MAPPING REQUIREMENTS

You are required to draw a sketch plan of the land to scale, see attached diagram **AND**:

- a) A 1:50.000 Canadian Topographic map, also referred to as NTS maps (available at most Regional offices, or at CanadaMapSales.com.
OR
- b) A copy of Plan of Subdivision identifying the surveyed lot being requested.
- c) Identify and label all existing and proposed structures and features on the land and in the immediate vicinity, including: buildings, roads (including road name or number), lakes, rivers, creeks, swamps, wooded areas, wells, holding tanks, septic fields, sewage ejectors, driveways, etc; **and** indicate uses of all land shown on your map and show dimensions of buildings and approximate distance from buildings to shoreline, boundary of lot, etc.



4 LAND USE (Check appropriate boxes and describe as indicated)

a) What is the requested land **presently** used for?

- Agriculture Residential Seasonal Recreation (Cottage)
- Commercial Industrial Other _____

Describe present use in more detail: _____
(Attach separate sheet if necessary)

Current Permit or Lease No. (where applicable): _____

b) Are there any existing buildings on the requested land? Yes No Describe: (Year Built/# of Buildings/Total Area of Buildings): _____

c) What is your **intended** use of the requested land?

- Agriculture Residential Seasonal Recreation (Cottage)
- Commercial Industrial Other _____

Describe intended use in full detail: _____

4 LAND USE – (continued)

d) Are you proposing any Buildings/Structures on the requested land? Yes No

Describe (Size/Type of Construction/Value of each): _____

e) Will any Drainage Improvements be required? Yes No

If Yes, provide details: _____

f) Has any part of this land ever been flooded (if known)? Yes No Unknown

If yes, describe & year: _____

On your sketch, show existing and proposed drainage.

5 SERVICES (Check appropriate boxes and describe as indicated)

a) **SEWAGE DISPOSAL** Present: Municipal Sewer Holding Tank Septic Field Ejector Other
Proposed: Municipal Sewer Holding Tank Septic Field Ejector Other

b) **WATER SUPPLY** Present: Piped Water Community Well Individual Well Cistern Other
Proposed: Piped Water Community Well Individual Well Cistern Other

c) **Not Applicable**

If you answered "Other" to any of the above, please describe: _____

On your sketch, show the location of any existing or proposed septic field, ejector system, or well, and show approximate distance of such to property lines and buildings.

d) **ROADS** Is there public road access to the proposed lot(s) or parcel(s)? Yes No
Is there any existing driveway to the proposed lot(s) or parcel(s)? Yes No
Is there an existing driveway to the residual parcel? Yes No

Indicate if you propose to build a new driveway connection onto any of the following:

Provincial Trunk Highway Provincial Road Municipal Road

Show existing and proposed driveways and roads on your sketch.

6 OTHER REQUIREMENTS

The appropriate application fee must accompany this application. If this application is approved, additional fees may be charged for preparation of documents and other administrative services in accordance with the Administration Fee Regulation under *The Crown Lands Act*.

7 PERSONAL INFORMATION PROVISIONS

This personal information is being collected under the authority of *The Crown Lands Act* and will be used for future communications and establishing a client account. This information is protected by the privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, contact the Access & Privacy Coordinator, 17th Floor, 215 Garry Street, Winnipeg MB R3C 3Z1, Phone: (204) 945-3881.

8 DECLARATION FOR APPLICANTS

Definitions:

Employee - is a person employed in the departments (as listed below) and includes seasonal, casual, departmental, part-time, term, and regular employees.

Immediate Family Member - is an employee's parent, sibling, offspring, spouse, common-law partner, ward, or relative permanently living in the employee's household.

Senior Public Executive - is a person employed as:

- a) the Clerk of the Executive Council;
- b) a deputy minister;
- c) an assistant deputy minister;
- d) a person in a prescribed senior executive position, this includes:
 - i. an associate deputy minister;
 - ii. the Provincial Comptroller appointed under subsection 13(1) of *The Financial Administration Act*;
 - iii. any other position classified in the executive officer series; or
- e) in respect of a prescribed reporting organization, a chairperson, president, vice-president, chief executive officer or deputy chief executive officer or other person in a prescribed senior executive position, in the organization, including:
 - i. Manitoba Hydro;
 - ii. the Manitoba Liquor and Lotteries Corporation;
 - iii. the Manitoba Public Insurance Corporation;
 - iv. Efficiency Manitoba.

8(a) DECLARATION PRIMARY APPLICANT – please complete this section

(including any unincorporated business entity).

I am an employee or an immediate family member of an employee, in the following parts of the Government of Manitoba:

| Name of Branch/Department: | Employee in: | Immediate Family Member of an Employee in: |
|--|--|--|
| Real Estate Services Branch Public Service Delivery | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Conservation Officers Service Natural Resources and Indigenous Futures | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parks Branch Environment and Climate Change | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Land Use and Ecosystem Resilience Branch Agriculture | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lands and Planning Branch Natural Resources and Indigenous Futures | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Minister Government of Manitoba | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Senior Public Executive <i>(as described above in Section 8)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered “**Yes**” in the Immediate Family Member of an Employee column above, please provide the following:

Name of the Employee: _____ Relationship to Primary Applicant: _____

I hereby certify that all information given in this application is true in substance and in fact; that I am over the age of eighteen years, and that I will not commence any construction development on the site until I have received written approval of this application. “Witness” is to be over 18 years of age, non-relative, and NOT be named as an applicant.

Witness Signature

Signature of Primary Applicant

Witness Name (printed)

Date

8(b) DECLARATION SECONDARY APPLICANT (if applicable) – please complete this section

(including any unincorporated business entity)

I am an employee or an immediate family member of an employee, in the following parts of the Government of Manitoba:

| Name of Branch/Department: | Employee in: | Immediate Family Member of an Employee in: |
|--|--|--|
| Real Estate Services Branch Public Service Delivery | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Conservation Officers Service Natural Resources and Indigenous Futures | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parks Branch Environment and Climate Change | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Land Use and Ecosystem Resilience Branch Agriculture | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lands and Planning Branch Natural Resources and Indigenous Futures | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Minister Government of Manitoba | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Senior Public Executive <i>(as described above in Section 8)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered “**Yes**” in the Immediate Family Member of an Employee column above, please provide the following:

Name of the Employee: _____ Relationship to Secondary Applicant: _____

I hereby certify that all information given in this application is true in substance and in fact; that I am over the age of eighteen years, and that I will not commence any construction development on the site until I have received written approval of this application. “Witness” is to be over 18 years of age, non-relative, and NOT be named as an applicant.

Witness Signature

Signature of Secondary Applicant

Witness Name (printed)

Date

