

APPLICATION FOR FIRESMART FUEL ASSESSMENT

I hereby submit an application for a FireSmart Fuel Assessment and I am the registered lease holder. This application will be reviewed by the Ministry responsible for my lease and I seek approval to conduct ongoing maintenace as part of this request as long as I am the Disposition Holder

For Office Use Only		
Application #	Fee Submitted	
	NO FEE	
Date of Receipt	Date Approved	

Disposition Holder				
Title / Name of Disposition Holder	Disposition	n Number		
Mailing Address				
Email Address	Phone #	Alt Phone #		
Applicant Contact Information (all correspondence and notifica	ations will be sent to	this address)		
Name of Applicant	tions will be sent to			
Mailing Address				
Email Address	Phone #	Alt Phone #		
	Phone #	Alt Phone #		
Land Manager Name of Land Owner (Circle One) Name of Ministry Contact				
Name of Land Owner(Circle One)Name of Ministry ContactEnvironment & Sustainable Resource Development OR Tourism, Parks & Recreation				
Mailing Address	Parks & Recreation			
Email Address	Phone #	Alt Phone #		
*ALL fields shall be completed				
Land Information				
Legal description of proposed development site:				
QTR./L.S. SEC. TWP. RG. M. or	Registered Plan No.	Block Lot		
Physical Street Address:				
Development Information				
Describe the proposed development: FIRESMART FUEL ASSESSMENT				
Estimate the project: A. Commencement Date B. Completion Date C. Construction Costs				
		\$ N/A		

Declaration

I/We hereby declare that the above information is, to the best of my/our knowledge, factual and correct.				
Disposition Holder				
Print Name Applicant	Signature	Date		
Print Name	Signature	Date		

Submit completed forms to info@kananaskisid.ca or telephone (403) 591-7755 for more information.

Classification: Protected A