



**The Corporation of the
Municipality of Sioux Lookout
Department of Development
Services, Building Division**

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Sioux Lookout ON P8T 1A4
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Application for Zoning Confirmation

Property Identifier

Date of Application

**APPLICANTS ARE
REQUIRED TO
COMPLETE ALL
APPLICABLE PARTS OF
THIS APPLICATION**

Name of Applicant: _____
Mailing Address: _____
Phone: _____ Cell: _____ Fax: _____ Email: _____
Name of Property Owner: _____
Civil Address: _____
Legal Description: _____

Zoning Question

Dated at the Municipality of Sioux Lookout, Ontario this day of 20.....

Witness Signed

Owner or Authorized Agent of the Owner