

**SCHEDULE B-7:  
CHANGE OF OCCUPANCY CLASSIFICATION**



**CHANGE OF OCCUPANCY  
CLASSIFICATION**

APPROVED AS TO FORM BY  
LLRIB COUNCIL PURSUANT TO  
LLRIB BUILDING REGULATION  
LAW  
Signature: Jammy Coll Seaman  
Date: May 10, 2022.

**PLEASE PRINT CLEARLY:** Pursuant to the *Lac La Ronge Indian Band Building Regulation Law*, I, \_\_\_\_\_ (name) of \_\_\_\_\_ (address), being the Interest Holder or the Interest Holder's agent, apply to CHANGE THE OCCUPANCY CLASSIFICATION of the building or portion of the building located at:

Site address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (complete address)

Legal description of parcel of land: \_\_\_\_\_  
\_\_\_\_\_

Present use of Building or Part of Building: \_\_\_\_\_  
\_\_\_\_\_

Proposed Change: \_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Telephone number of applicant

**OFFICE USE ONLY:**

From	To
<input type="checkbox"/> Group A, Division 1 <input type="checkbox"/> Group B, Division 1 <input type="checkbox"/> Group E	<input type="checkbox"/> Group A, Division 1 <input type="checkbox"/> Group B, Division 1 <input type="checkbox"/> Group E
<input type="checkbox"/> Group A, Division 2 <input type="checkbox"/> Group B, Division 2 <input type="checkbox"/> Group F, Division 1	<input type="checkbox"/> Group A, Division 2 <input type="checkbox"/> Group B, Division 2 <input type="checkbox"/> Group F, Division 1
<input type="checkbox"/> Group A, Division 3 <input type="checkbox"/> Group C <input type="checkbox"/> Group F, Division 2	<input type="checkbox"/> Group A, Division 3 <input type="checkbox"/> Group C <input type="checkbox"/> Group F, Division 2
<input type="checkbox"/> Group A, Division 4 <input type="checkbox"/> Group D <input type="checkbox"/> Group F, Division 3	<input type="checkbox"/> Group A, Division 4 <input type="checkbox"/> Group D <input type="checkbox"/> Group F, Division 3

Authority	Rejected	Approved	Conditional Approval Requirements, If Any	Signature	Date	Additional Comments or Concerns
Reserve Lands Manager	<input type="checkbox"/>	<input type="checkbox"/>				
Health	<input type="checkbox"/>	<input type="checkbox"/>				
Fire Department	<input type="checkbox"/>	<input type="checkbox"/>				
Property Taxation	<input type="checkbox"/>	<input type="checkbox"/>				

DATE FEE PAID _____ AMOUNT PAID \$ _____ METHOD OF PAYMENT: _____	RECEIPT #:  Reviewed By:
Date of approval: Signature:	