



PROPERTY REZONING / ZONING AMENDMENT APPLICATION

PROPERTY INFORMATION Date of Application _____ File No. _____

Civic Address: _____

Lot(s): _____ Block(s): _____ Plan No. _____

Existing Use of Land and Buildings:

Proposed Use of Land and Buildings:

Project Description or Purpose of Zoning Amendment:

Reasons in support of this application (attach additional notes if needed): _____

TYPE OF APPLICATION

Land Rezoning – Zoning Bylaw Map Amendment

Current Zoning District: _____ Proposed Zoning District: _____

Current Use of the Land: _____ Proposed Use of the Land: _____

Zoning Bylaw Text Amendment

Section(s) of the Bylaw to amend (attach proposed wording or intent of amendment):



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APPLICANT INFORMATION

Applicant name and/or Company Name: _____

Mailing Address: _____ City: _____ Postal Code: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

OWNER INFORMATION (same as applicant)

Applicant name and/or Company Name: _____

Mailing Address: _____ City: _____ Postal Code: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

APPLICATION INFORMATION

Supporting documentation and plans attached? Yes No

Application fee of \$500 attached? Yes No

PLEASE READ AND SIGN THE DISCLAIMER BELOW:

*I hereby declare that the information contained within this application is true to the best of my knowledge.

*I hereby acknowledge that it is my responsibility to ensure compliance with any applicable municipal bylaws, provincial or federal acts and regulations

*I acknowledge that submitting this application does not constitute an approval. I further understand that it is an offence under City Bylaws to start construction or change the use of a building/property without an approved development/building permit.

I hereby declare that I am the owner of the subject property, or am acting as an authorized agent of the property owner(s)

Property Owner Consent Attached: Yes No

Signature: _____ Date: _____