



ZONING BYLAW AMENDMENT APPLICATION

DATE: _____

FILE NO.: _____

APPLICATION FOR:

- Zoning Amendment
- OCP Amendment

APPLICANT: _____

OFFICE PHONE: _____ FAX: _____ CONTACT PERSON: _____

ADDRESS OF APPLICANT: _____

_____ POSTAL CODE: _____

I have attached to this application, the required plans and specifications of the proposed development as required under Section 7(f).

OWNER: _____

PHONE: _____ FAX: _____

ADDRESS OF OWNER: _____

_____ POSTAL CODE: _____

LEGAL DESCRIPTION OF PROPERTY:

LOT _____ BLOCK _____ PLAN _____ SECTION _____ TOWNSHIP _____ DISTRICT _____

STREET ADDRESS: _____

EXISTING ZONING DESIGNATION: _____ EXISTING USE: _____

REQUESTED ZONING DESIGNATION: _____

EXISTING LAND USE CONTRACT NUMBER _____

REASON FOR THE AMENDMENT AND PROPOSED USE (ATTACH ADDITIONAL PAGES, IF NECESSARY):

ARE THE SUBJECT LANDS OR ANY PORTION OF THEM WITHIN:

1. THE AGRICULTURAL LAND RESERVE? NO YES

2. A DEVELOPMENT PERMIT AREA? NO YES WHICH D.P. AREA? _____

(SEE THE OFFICIAL COMMUNITY PLAN)

METHODS OF SEWAGE DISPOSAL: Community Sewer System Septic Tank Other

