

Application for Amendment of Official Community Plan or Zoning Bylaw

This application form and accompanying checklist must be completed **in full** by the registered owner of the land or by the authorized agent acting on behalf thereof. This will assist the City in its processing of the application.
PLEASE PRINT

<input type="checkbox"/> Official Community Plan (OCP) Current Designation: _____ Proposed Designation: _____ or Proposed Text Change: <input type="checkbox"/> <i>Please provide proposed text change and explanation on separate page.</i>
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<input type="checkbox"/> Zoning Bylaw Present Zoning: _____ Proposed Zoning: _____ or Proposed Text Change: <input type="checkbox"/> <i>Please provide proposed text change and explanation on separate page.</i>

INFORMATION OF LAND AFFECTED BY THE PROPOSED AMENDMENT:

Civic Address: _____

Legal Description: _____

Parcel Identifier Number (PID): _____

Property Size: _____ (dimensions or area of parcel area)

OCP Land Use Designation: _____

Present Zoning: _____

REGISTERED OWNERS:

Registered Property Owner Name: _____

Day Time Telephone Number: _____
 Alternate Number (Cell / Pager): _____

Mailing Address: _____

Fax Number: _____

Email Address: _____

APPLICANT OR AUTHORIZED AGENT:


Contact Name: _____

Day Time Telephone Number: _____
 Alternate Number (Cell / Pager): _____

Mailing Address: _____

Fax Number: _____

Email Address: _____

Date Received: _____	Date Deemed Complete: _____
File No: 3360.20. _____	Proposed Amendment Bylaw No.: _____
	
City Official: _____	

