

AMENDMENT TO OFFICIAL COMMUNITY PLAN BYLAW NO. 8769

Applicant Information

Date of Application: _____

Name of Applicant: _____

Address: _____ Postal Code: _____

Home Telephone: _____ Work Telephone: _____ E-mail: _____

Proposed Amendment

Legal Description: Lot (s) _____, Block _____, Plan No. _____

Civic Address: _____

A. OFFICIAL COMMUNITY PLAN LAND USE MAP AMENDMENT

Existing Land Use Designation:

Proposed Land Use Designation:

B. NEIGHBOURHOOD LAND USE POLICY MAP AMENDMENT

Existing Land Use Designation:

Proposed Land Use Designation:

C. OFFICIAL COMMUNITY PLAN PHASING MAP AMENDMENT

Existing Phasing:

Proposed Phasing:

D. OFFICIAL COMMUNITY PLAN TEXT AMENDMENT

Existing Section of Bylaw (ex: 9.3.1 a)

(attach additional notes if necessary)

Proposed Land Use Designation:

Support of Application

The following reasons are provided in support of this application: (attach additional notes if necessary)

I / We as owners of the above-described properties hereby give our consent to the requested amendment.

Name (please print): _____

Signature: _____

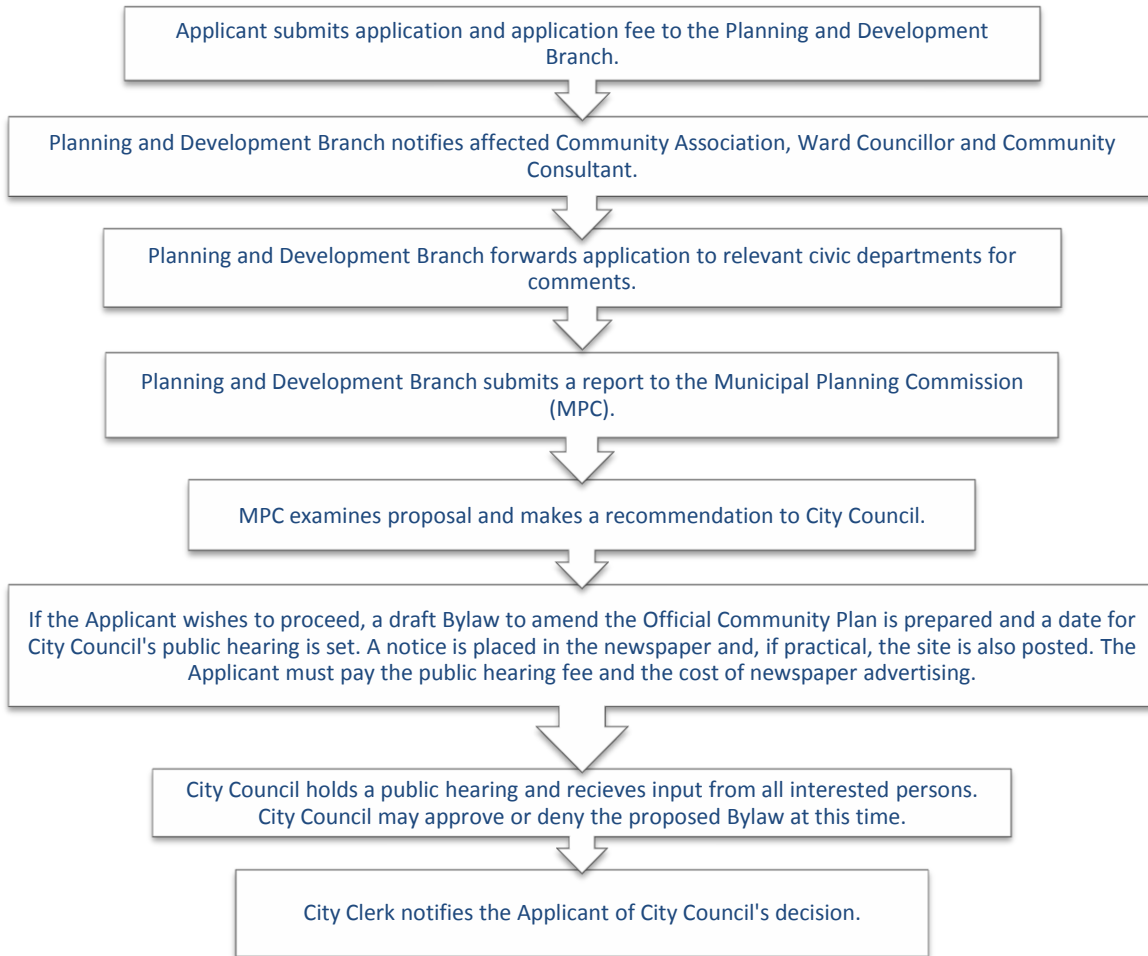
Name (please print): _____

Signature: _____

Name (please print): _____

Signature: _____

Process



THIS PROCESS MAY TAKE FROM FOUR TO TWELVE MONTHS

Attachments

Please ensure the following has been completed:

1. Application Fee: I have enclosed the required \$100 non-refundable application fee.

Fee Attached

If a public hearing is held respecting the application, I agree to pay the public hearing fee of \$200 and advertising associated with the application (estimated \$1000 to \$2000).

Yes, I Agree

Declaration of Applicant

I hereby certify that all the above statements contained within this application are true, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of *The Canada Evidence Act*.

Signature of Applicant: _____

Date: _____

For Office Use Only:

Comments: _____

File No: _____

Cash Receipt No: _____ Amount Paid: _____

Cheque No: _____