

Date of Application: \_\_\_\_\_ File No.: \_\_\_\_\_

### Applicant Information

Name/Business: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Property Information

**Legal Description:** \_\_\_\_\_  
**Civic Address:** \_\_\_\_\_

### Proposed Amendment

**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 Land use Designation:	Proposed Land Use Designation:
_____	_____
_____	_____

**D. OFFICIAL COMMUNITY PLAN TEXT AMENDMENT**

Existing Sections of Bylaw (ex: 9.3.1 a)	Proposed New Text (attach additional notes if necessary)
_____	_____
_____	_____
_____	_____

### Support of Application

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

\_\_\_\_\_

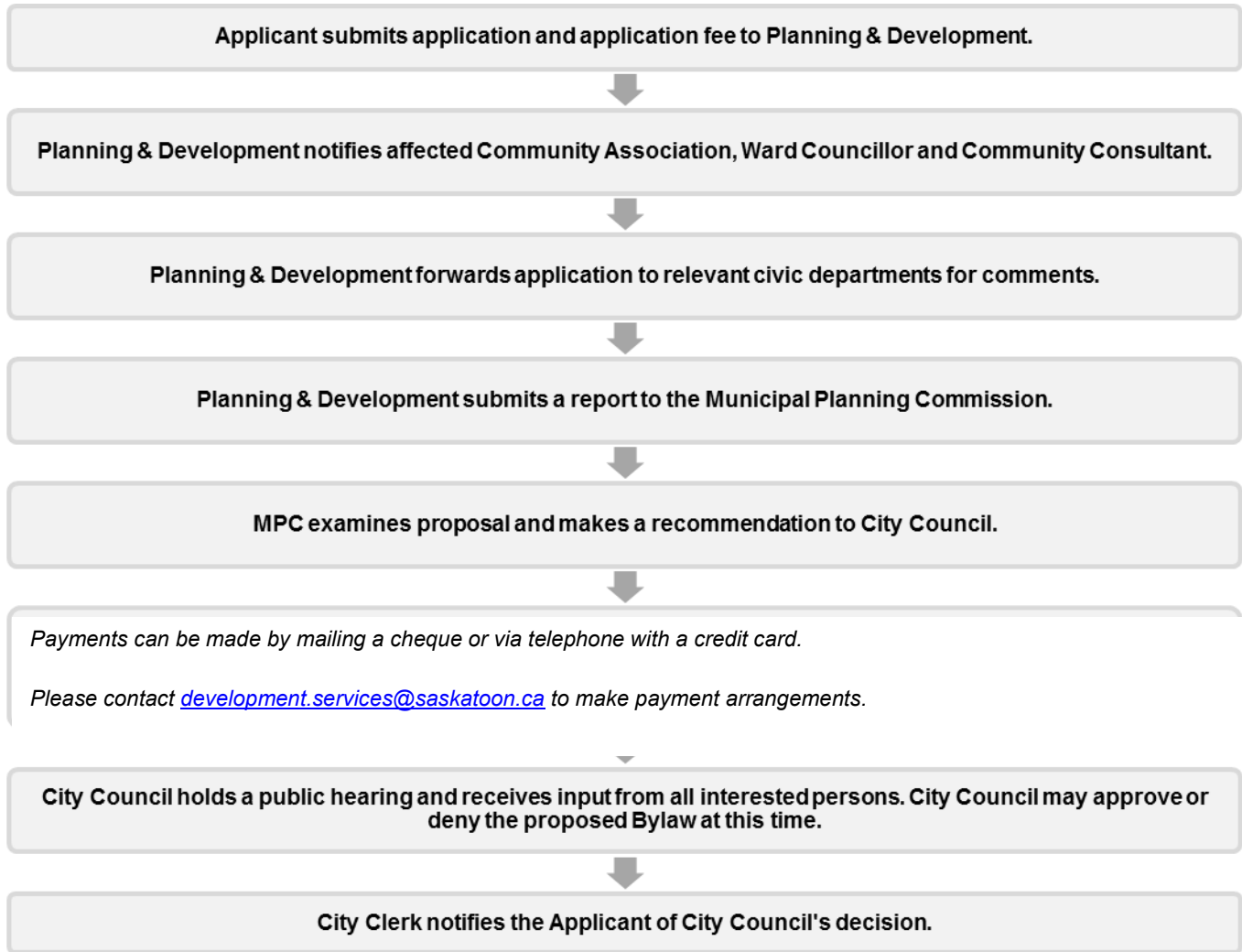
\_\_\_\_\_

\_\_\_\_\_

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**

## Required Attachments

- 1. Application Fee:** I have enclosed the required \$1,750 non-refundable application fee. Fee Attached
- If a public hearing is held respecting my application, I agree to pay the public hearing fee of \$200 and advertising associated with the application (estimated \$1000 to \$2000). Yes, I Agree

Payments can be made by mailing a cheque or via telephone with a credit card.  
Please contact [development.services@saskatoon.ca](mailto:development.services@saskatoon.ca) to make payment arrangements.

## 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:

Cash Receipt No.: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Cheque No.: \_\_\_\_\_

Last Updated On: 03/26/20