

OFFICIAL COMMUNITY PLAN AMENDMENT APPLICATION

PROPERTY OWNER

Name: _____ Company: _____
 Mailing Address: _____
 Phone Number: Day () _____ Alternate () _____
 Fax () _____ E-mail: _____

APPLICANT (IF DIFFERENT FROM OWNER)

Name: _____ Company: _____
 Mailing Address: _____
 Phone Number: Day () _____ Alternate () _____
 Fax () _____ E-mail: _____

AFFECTED PROPERTY (WHERE APPLICABLE)

Lot(s): _____ Block: _____ Plan No: _____ Other: _____
 Civic Address: _____

PURPOSE OF AMENDMENT

Reasons for proposed amendment attached to application form

TERMS AND CONDITIONS:

I hereby make application for an amendment to the Official Community Plan. I understand that, in addition to what is provided on this form, I may be required to provide additional information, dependant upon the nature of the proposed amendment.

 Signature of Property Owner Date _____

 Signature of Applicant (If different from Owner) Date _____

FOR OFFICE USE ONLY

Fees: \$ _____ Paid Bylaw No. _____ Application No. _____
 Date Received (Complete) _____ Received By _____
 Current Zoning: _____
 1st Reading: _____ 2nd Reading: _____ 3rd Reading: _____

COLLECTION AND USE OF PERSONAL INFORMATION

The personal information being collected on this form is for the purposes of processing and acting upon this application in accordance with the *Planning and Development Act, 2007*, and is protected by the privacy provisions of the *Local Authorities Freedom of Information and Protection of Privacy Act*. The City will not share your personal information for purposes outside of those stated without your permission in writing, unless there is a specific exemption stated in the *Planning and Development Act, 2007* or *Local Authorities Freedom of Information and Protection of Privacy Act*.