



## Application to Amend the Land Use Bylaw (Re-zoning)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Description of existing uses, buildings, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Reason for Amendment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intended Use: \_\_\_\_\_

\_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:**

1. Please include a map showing size, shape & dimensions of property. In addition, if request is only for a portion of the parcel of land, please indicate exact location of requested zoning change.
2. Application must be accompanied by a \$500 deposit. This is intended to cover advertising costs. If advertising costs are less, difference will be refunded. If advertising cost are higher, balance due will be invoiced and must be paid prior to issuance of any permits.