



REZONING APPLICATION FORM
 Rezoning Fee \$250 (no GST) Plus Costs to be invoiced

Legal Address:
Civic Address:
Roll#:

Applicant*	Owner
Name:	Name:
Address:	Address:
Postal Code:	Postal Code:
Phone:	Phone:

Council requires that the following, as indicated, be supplied:

- | | |
|---|--|
| <input type="checkbox"/> Valid option to purchase
<input type="checkbox"/> *Authorization to apply
<input type="checkbox"/> Survey Plan
<input type="checkbox"/> Traffic Study | <input type="checkbox"/> Engineer Report
<input type="checkbox"/> Administrative Review
<input type="checkbox"/> Other _____ |
|---|--|

Applicable Zoning By-Law or Planning Scheme _____

Subject Provision _____

Requested to amend: _____

Reason _____

I undertake to observe and perform all provisions of The Planning Act, the applicable Zoning By-Law or Planning Scheme, any development agreement entered into under Section 48 of The Planning Act and any conditions imposed under Sections 57 and 59 of The Planning Act.

Signature of Owner _____ Date _____, 20____

Signature of Applicant _____ Date _____, 20____

Application Received by _____ Date _____, 20____

Receipt # _____ Date _____, 20____

Date of Public Hearing _____ Time: _____