



File: 7.5.3. _____

PID Nbr: _____

Roll Nbr: _____

APPLICATION FOR ZONING AMENDMENT

I/We _____
(Name of Applicant)

Of _____
(Mailing Address)

apply for rezoning for a property as specified below.

1. Subject Property

Civic Address _____, Kitimat, B.C., V8C _____

Legal Description _____
Lot Block District Lot RP

2. Zoning

Current _____

Proposed _____

3. Application Details

The information requested below is needed to help District staff process your application and prepare a report to Council. Please complete all sections and submit this information to the District Office together with (1) all required attachments, and (2) your application fee. Thank you.

Property Area _____ ha Number of Parcels _____

Describe Existing Use and Development

Describe Proposed Use and Development (attach extra pages if necessary)

Approximate Project Start Date and Completion Schedule

Reasons and comments in support of the application (attach extra pages if necessary)

4. **Attachments**

The Director of Community Planning and Development may require you provide some or all of the following documents in support of your application. Please attach all documents which are checked as "required". Other information may also be requested.

Required Sketch plan of site showing the parcel(s) to be re-designated (by zoning amendment), existing building, access, services and scale. Measurements should be in metres. Preferred size is 28 cm x 43 cm (11" x 17").

Required Technical information and reports listed below.

Required Copy of (1) State of Title Certificate, or (2) Certificate of Indefeasible Title, for subject property. Copies are available from BC Government Agent or Land Title Office, and should be dated no more than thirty days prior to application date.

5. **Declarations**

a. **Property Owner**

Where the applicant(s) is/are not the registered property owner(s), the following statement must be signed by the registered owner(s) or the owner's(s) agent.

This application is made with my/our full knowledge and consent.

Name(s) Date

Mailing Address (incl Postal Code) Authorized Signature(s)

Phone Email Fax

b. **Applicant**

I/We declare that statements and information submitted in support of this application are, to the best of my/our knowledge, true and correct.

Signature(s) Date

Phone Email Fax

FOR OFFICE USE:

Yes No
Application Details Attached? \$1,500 Fee Paid (Date) Initials of Official

Circulation: Building Eng. Fire Planning

Department Comment Required by: _____
(Date)