

**CITY OF ESTEVAN**

**APPLICATION TO REZONE LANDS**

**Applicant(s) Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Tel:** \_\_\_\_\_ **: Fax or email** \_\_\_\_\_

**Name of Registered Land Owner:** \_\_\_\_\_

**Applicant's Interest in Property:** **Owner;**\_\_\_\_ **Option to Purchase;**\_\_\_\_ **Other; (explain)**

**Legal Land Description:** **Lot(s)** \_\_\_\_\_, **Block**\_\_\_\_\_, **Plan Number** \_\_\_\_\_

**Civic Address:** \_\_\_\_\_

*[If application is based on a new Plan of Proposed subdivision please identify proposed Lot(s)\_\_\_\_\_ and Block number\_\_\_\_\_.]*

**CURRENT ZONING DISTRICT:** \_\_\_\_\_

**PROPOSED ZONING DISTRICT:** \_\_\_\_\_

**Please explain the reason and/or purpose for Parcel rezoning:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(If applicable, please submit any proposed building or site plans, or other support information that will assist the City in review of this application.)*

**This Application must be accompanied by a \$500.00 non-refundable application processing fee.**

**I/We, the Applicants, herein state that I/We are authorized to act on behalf of the registered property owner and that all information provided herein and submitted in support of this application is true and accurate.**

*Signed this* \_\_\_\_\_ *day of* \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Applicant Name in Print**

\_\_\_\_\_  
**Applicant Name in Print**

**FOR OFFICE USE ONLY:**

**Date of Receipt:** \_\_\_\_\_ **File #:** \_\_\_\_\_