



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 #:** _____