

Property			
Municipal Address:	#:	Street:	Postal Code:
Legal Description:	Lot:	Block/Quad:	Subdivision:
Property Owner			
Name:			
Phone Number:	Work/Home:	Cell:	Fax:
E-mail Address:			
Mailing Address:	#:	Street:	Postal Code:
Applicant Contact Information (If different from owner)			
Name:			
Phone Number:	Work/Home:	Cell:	Fax:
E-mail Address:			
Mailing Address:	#:	Street:	Postal Code:
Zoning			
Existing Zone:			
Requested Zone:			
Reason for Amendment: <i>(Additional information may be attached and/or requested by the Development Officer. List attachments.)</i>			
Important (Please read before submitting this application)			
Any person applying to have Zoning Bylaw 277-22 amended shall apply in writing on in this form to the Development Officer and may furnish additional materials in support of the application.			
A proposed amendment which has been rejected by Council within the previous 12 months shall not be reconsidered unless Council otherwise directs by Resolution.			
An amendment to Zoning Bylaw 277-22 shall conform to the Official Community Plan.			
Owner Authorization			
Signature:		Date:	
Office Use (Rezoning Application Fee - \$100)			
Fee Received: \$	Received by:	Date:	