

SCHEDULE "A"
DISTRICT OF FORT ST. JAMES
APPLICATION FOR ZONING AND/OR O.C.P. AMENDMENT

1. I/We hereby make application to () amend the Zoning Bylaw
() amend the Official Community Plan

2. Name of Applicant(s) _____

3. Address _____

4. Telephone Number: Business _____ Residence _____

5. Name of Owner(s) _____
(If different from Applicant)

6. Address _____

7. Legal Description of Property _____

8. Street Address of Property _____

9. Official Community Plan Map Designation .

10. Present Zoning _____

11. Amendment Proposed:

() Zoning From _____ To _____

() Official Community Plan From _____ To _____

12. Explain Purpose of Application (including intended use) _____

- 13. Current Use of Property _____
- 14. Attached is Application Fee of \$250. (*Both Amendments for \$500*)
- 15. Attached is Current, Date-Stamped State of Title Certificate _____
- 16. Attached is a Letter of Consent from the Owner _____

I/WE HEREBY DECLARE THAT ALL THE ABOVE STATEMENTS AND THE INFORMATION CONTAINED IN THE MATERIAL SUBMITTED IN SUPPORT OF THIS APPLICATION ARE TO THE BEST OF MY/OUR BELIEF, TRUE AND CORRECT IN ALL RESPECTS.

Dated this day of , 20 .

Signature of Applicant

Print Name