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|---|--------------------------------|----------------------------------|---------------------|-------------------------|----------------------------|
| Applicant:: (if applicant is anyone other than owner, submit a signed Agency Agreement Form from Owner) | Full Name: | | | | |
| | Business Name (if applicable): | | | | |
| | Address: | <small>Unit/House/Street</small> | <small>City</small> | <small>Province</small> | <small>Postal Code</small> |
| | Email: | Phone: | | | |

| Subject Property(ies) Information: | |
|------------------------------------|-------------------------|
| Civic Address(es) | Parcel Identifier (PID) |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

Inquiry/Proposal Details: Provide a detailed description of your proposed development and/or business information, if applicable.

| Business Information (if applicable) | |
|--------------------------------------|------------------------|
| Proposed Use: | Previous/Existing Use: |
| | Current Zoning: |

| Proposed Principle Uses: | | | Proposed No. of Lots/Units | | Infill Development? | |
|--------------------------------------|-------------------------------------|---------------------------------------|----------------------------|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Mixed-Use | <input type="checkbox"/> Agricultural | Lots: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input type="checkbox"/> Other: | Units: | | | |

Submit the following items with your form:

- Drawings (s),
 - a) Site Plan – show lot area dimensions,
 - b) Simple elevations
 - c) Floor plan

In an effort to avoid unnecessary professional costs, you may prepare and submit hand drawn plan with dimensions

- Agency Agreement, if not the current owner on title
- Other:

| | |
|--------------------------------------|------------------------------|
| Please Print Name (Applicant/Owner): | Signature (Applicant/Owner): |
|--------------------------------------|------------------------------|

| | | | |
|---|--|------------------------|----------------------|
| For Office Use Only: Name of Staff Assigned: Confirmed Meeting Date: File Number: | Distribution: <input type="checkbox"/> Building <input type="checkbox"/> Planning <input type="checkbox"/> Engineering <input type="checkbox"/> Other _____ | Zone OCP | Clerk Initial |
|---|--|------------------------|----------------------|

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