The information on this form is collected under the authority of the Local Government Act s. 895, 903, and 930. The information provided will be used to process your application for Amendment. If you have any questions about the collection and use of this information, contact the Chief Administrative Officer, 749-6681.

TOWN OF LAKE COWICHAN
Application Form
Zoning/Official Community Plan Amendment

FOLIO NO/S:

DATE:

APPLICATION FOR: ☐ REZONING ☐ AMENDMENT TO LAND USE DESIGNATION

APPLICATION INFORMATION		DESCRIPTION OF PROPERTY
NAME OF APPLICANT(S):		CIVIC ADDRESS OF PROPERTY:
APPLICANT'S ADDRESS:		
		LEGAL DESCRIPTION OF PROPERTY: (Must match title)
CITY:	POSTAL CODE:	
PHONE:	FAX:	

SPECIFY DETAILS OF AMENDMENT(S)

ZONING FROM _____ TO _____ LAND USE DESIGNATION FROM _____ TO _____

PROPOSED USE _____

PROPOSED TEXT AMENDMENT _____

_____

IN ORDER TO _____

(USE SEPARATE SHEET, IF NECESSARY)

APPLICATION INFORMATION	DESCRIPTION OF PROPERTY
1. Location Sketch – 2 Copies Location Sketch showing the location of the subject property(ies) in relation to the surrounding neighbourhood.	**2. Certificate of Title/Covenants** A copy of the Certificate of Indefeasible Title or State of Title Certificate for all lands subject to the rezoning. The state of Title must be no older than 2 weeks at the time of application.

SUPPORTING DOCUMENTS AND PLANS

LAND STATUS

	YES	NO	
• Official Community Plan conformity:	☐	☐	
• Are there covenants registered?	☐	☐	If so, they must be submitted.
• Does the land require consolidation?	☐	☐	

SIGNATURE FOR REZONING / LAND USE

I / WE hereby declare that all of the above statements and information contained in the material submitted in support of this application are, to the best of my knowledge, true and correct in all respects.

_____ _____
Date Applicant's Signature

THIS APPLICATION IS MADE WITH MY FULL KNOWLEDGE AND CONSENT

_____ _____
Date Registered Owner of Subject Property

Where the applicant is not the REGISTERED OWNER, the application must be signed by the REGISTERED OWNER