

**OFFICIAL COMMUNITY
PLAN AMENDMENT
APPLICATION**



APPLICANT INFORMATION:

Applicant Name		Company Name (if applicable)	
Home Phone Number	Cell Phone Number	E-mail Address	
Mailing Address		Province	Postal Code

PROPERTY OWNER INFORMATION:

Check if Same as Applicant

Property Owner Name		Company Name (if applicable)	
Home Phone Number	Cell Phone Number	E-mail Address	
Mailing Address		Province	Postal Code

LEGAL LAND DESCRIPTION:

Quarter: _____ Section: _____ Township: _____ Range: _____ W2
 Lot: _____ Block: _____ Plan: _____ Extension: _____
 Civic Address: _____

AMENDMENT TYPE

Map Amendment Future Land Use Text Amendment Concept Plan

Section of the Bylaw: _____

Proposed Wording or intent: _____

Reasons for support of this application (include attachments as needed): _____
