



District of Port Edward

REZONING AND/ OR OFFICIAL COMMUNITY PLAN AMENDMENT APPLICATION FORM

Date of Application: _____

Application Fee (available payment options: cash, cheque, or debit)

Fees are determined by type of application.

- Zoning Bylaw Amendment \$250 + Public Hearing / Advertising Fee
- Official Community Plan Amendment \$250 + Public Hearing/ Advertising Fee
- Official Community Plan Amendment Combined with Zoning Bylaw Amendment \$500 + Public Hearing/ Advertising Fee
- Public Hearing/ Advertising Fee (required for all applications) At Cost

Applicant Information (Owner or Agent as applicable)

Applicant's Name: _____

Corporation (if applicable): _____

Address: _____ Postal Code: _____

Telephone: Business: _____ Home: _____

Fax: _____ Email: _____

Property Information

Civic Address: _____

Property within 800m of a Controlled Access Highway (Yes/No): _____

Parcel Identifier(s): _____

Legal Description(s): _____

Existing Zoning: _____ Proposed: _____

Existing Official Community Plan Designation: _____ Proposed: _____

Areas to be Amended (m² or ha): _____

Description of Proposed Development or Text Amendment (attach maps, plans and documents in support of application where applicable): _____

Application Checklist (Documents to be included)

Document	Included (check where applicable)	
	Yes	No
Current Title Search		
Site Profile		
Appointment of Agent (if applicable)		
Application Fee		



DECLARATION

TO: THE DISTRICT OF PORT EDWARD

I/WE, _____
(Applicant)

DO HEREBY declare that I/we have read the attached documents, information and drawings and that they are true and correct to the best of my knowledge and belief. Further, I/we do hereby agree to submit further documents, information and drawings to assist in the consideration of the application, as determined by the District of Port Edward. Further, this statement is made with the knowledge that misrepresentation or failure to disclose, or failure to submit the appropriate application fee, may be deemed sufficient cause for the rejection by the District of Port Edward of any application. Further, I am aware that later discovery of an omission or misrepresentation made in the attached statements, documents, information and drawings may be grounds for a determination of ineligibility or revocation of any future permit or approval that may be granted;

AND I/WE HEREBY acknowledge that if the District of Port Edward grants a permit or approval, it will be granted only to the person(s) named in the application, or to the private corporation containing the principal shareholders and executive officers named in the application, or to the public corporation or society containing the executive officers named in the application;

AND I/we understand that the personal information on this form is collected under the authority of the *Community Charter, Local Government Act* and the District of Port Edward's bylaws for the purpose of processing this application and for administration and enforcement.

AND I/WE HEREBY acknowledge that this application and all documents, information and drawings submitted with the application become part of the District of Port Edward's records and are subject to the *Freedom of Information and Protection of Privacy Act*, and this application and associated documentation may become a public record and be published in Council's public Agenda.

FURTHER, I/WE HEREBY voluntarily submit this declaration with full knowledge of the above.

Applicant Signature

Date Signed