



Re-Zoning Application Form

Owner/Applicant: _____

Address: _____

Postal Code: _____ Telephone: _____

LEGAL description of property: _____

ROLL Number: _____ CIVIC: _____

CURRENT Zoning: _____

REQUESTED Zoning: _____

Zoning Request:

I/we hereby request the above-mentioned property be re-zoned for the reason(s) of:

Signature of owner/applicant: _____

Date: _____ Email Address: _____

A \$2,000.00 non-refundable application fee MUST be submitted with ALL re-zoning applications AND IF approved by Council, any added costs incurred for the re-zoning process are the responsibility of the APPLICANT.