



Rezoning Application

Existing Zoning: _____ Proposed Zoning: _____

<p>Amendment Type:</p> <p>Rezoning Only</p> <p>OCP Redesignation Only</p> <p>Text Amendment Only</p> <p>Rezoning & OCP Redesignation</p> <p>Rezoning & Text Amendment</p> <p>Other (specify): _____</p>
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Applicant(s)

Name: _____

Address: _____

Phone: _____ Email: _____

Owner(s) of Property

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Property Information (Civic address of properties to which this Rezoning will be applicable to)

Property Address(es): _____

Purpose of Application

Details & Fees (to be paid at time of application, please check all applicable)

	Quantity	Fees	Residential	Proposed Units	Property Size (Ha)
Site Profile			1 or 2 Family Dwelling		
OCP Amendment			Townhouse		
Text Amendment Only			Apartment		
Rezoning Only			Other	Bldg Size (m ²)	Site Size (m ²)
Total Fees:			Commercial		
			Industrial		
			Institutional		

Applicant Acknowledgement

Any personal information that is collected on this form will be managed in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions or concerns regarding the collection, use, disclosure or safeguarding of personal information associated with this form, please direct enquiries to the Corporate Services department at (604)793-2986.

I/We have attached to this application the required documents and hereby agree to submit further information and/or fees deemed necessary for processing this application.

_____ _____ _____
 Applicant or Authorized Representative Name (Print) Signature Date

Authorization of Applicant

I hereby designate _____ to act as my agent in matters related to this application.

Owner's Name(s) (Print): _____ Owners Signature(s): _____

Owner's Name(s) (Print): _____ Owners Signature(s): _____

LETTER OF AUTHORIZATION & RELEASE FORM

DATE: _____

ATTENTION: CITY OF CHILLIWACK

I/WE _____

REGISTERED OWNERS(S) OF PROPERTY(IES) AT:

AUTHORIZE: _____

To act as my/our agent in the matter of obtaining an application for: Development Permit, Subdivision, Boundary Adjustment, Strata Conversion, Rezoning, Development Variance Permit, Temporary Use Permit, Agricultural Land Reserve and/or Building Permit on the land(s) described above. Said authorization also includes permissions to view and/or copy any relevant documentation or permits related to the above property(ies).

Additionally, authorize the City of Chilliwack to release sources of information and support documentation pertinent to the application(s) listed above. Sources of information and support documentation include, but are not limited to, professional/consultant reports, site plans, drawings, application forms and maps.

ALL REGISTERED OWNERS MUST PROVIDE SIGNATURES, FULL NAME AND CONTACT INFORMATION

Print Name

Signature

Phone Number

E-mail Address

Print Name

Signature

Phone Number

E-mail Address

Print Name

Signature

Phone Number

E-mail Address