



# Niverville

WHERE YOU BELONG

## REZONING APPLICATION FORM

Rezoning Fee \$1500 (no GST)

Legal Address:
Civic Address:
Roll#:

<b>Applicant*</b>	<b>Owner</b>
Name:	Name:
Address:	Address:
Postal Code:	Postal Code:
Phone:	Phone:

Council requires that the following, as indicated, be supplied:

- |   |  |
|---|--|
| <input type="checkbox"/> Valid option to purchase<br><input type="checkbox"/> *Authorization to apply<br><input type="checkbox"/> Survey Plan<br><input type="checkbox"/> Traffic Study | <input type="checkbox"/> Engineer Report<br><input type="checkbox"/> Administrative Review<br><input type="checkbox"/> Other _____ |
|---|--|

Applicable Zoning By-Law or Planning Scheme \_\_\_\_\_

Subject Provision \_\_\_\_\_

Requested to amend: \_\_\_\_\_

Reason \_\_\_\_\_

I undertake to observe and perform all provisions of The Planning Act, the applicable Zoning By-Law or Planning Scheme, any development agreement entered into under Section 48 of The Planning Act and any conditions imposed under Sections 57 and 59 of The Planning Act.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

Application Received by \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

Receipt # \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

Date of Public Hearing \_\_\_\_\_ Time: \_\_\_\_\_