Zoning Bylaw Amendment Application

Applicant Information	Bylaw No.				
Name of Applicant:					
Mailing Address:	- Oli				
Phone No.:		Province Fma		Postal Code	
1 Hone No					
Registered Owner (If di	ifferent from above):			
Name:					
Mailing Address:					
	Unit #	Street Name	•	Province	Postal Code
Phone Number:		Ema	ll:		
Subject Property:					
	Unit #	Street Name			
	Lot(s)	Block/Pare	cel	Plan	
Please Note: The application fee (\$500 review and processing car The application and any person at Planning & De	n take 6 to 8 weeks related documen	from date of applica	ation if all re itted to <u>sc</u>	equired information is sub plutions@citypa.com or	mitted. by mail or in
Amount Paid:	Da	te Paid:		Receipt No.:	
Declaration of Applica I hereby certify that all to declaration consciention under oath, and by virtue I agree to comply with the Signature of Owner or A	the above statemusly believing it to be of <i>The Canadia</i> the conditions of a	be true, and know an Evidence Act. approval and the Zo	ving that i	t is of the same force a	nd effect as if made
Signature of Owner or A	Authorizea Agent			Date:	
The City of Prince Albert is committee and Protection of Privacy Act (LAFO) without your express consent pursua email cityclerk@citypa.com or call 30	IP) and will only be used fount to LAFOIP and the City	or the purpose for which it way of Prince Albert's policies. P	s collected. Pe lease contact	rsonal information will not be shared The City Clerk's Office, 1084 Central	or used for any other purpose
This application has bee	en approved this	day of			, 20
Development Officer: _			Council	Date & Resolution:	

Prince Albert