

APPLICATION FOR AN AMENDMENT TO THE OFFICIAL COMMUNITY PLAN

Municipal Contact:		Phone:	(250) 997-9221	
Application No.: Date Received	d:	Fax:	(250) 997-5186	
Applicant:	Phone:	Fax:		
Address:				
Email:		Postal Code:		
Registered Owner:				
Address:	(if not applicant)			
·		Postal Code:		
Email:	Phone:	Fax:		
Legal Description:	SUBJECT PROPERTY			
Street Address: or General Description:		Parcel Size:		
Current OCP Designation:				
Current Land Use/Development:				
OFFICE	AL COMMUNITY PLAN POLICY			
Description of Proposed OCP Designation:				
Description of Proposed Development/Land Use:				
Approximate Commencement Date of Proposed Project:				
ADDITIONAL INFORMATION: (Reasons and comments in support of the application. Use separate sheet or attach plans if required.)				
REC	QUIRED DOCUMENTATION			
☐ Application fee \$500	☐ Dimensioned Site Develo	opment Plan (see reverse for required	content)	
☐ Certificate of Title (dated no later than 30 days prior to submission)	• •	Contour Map (minimum of 1:1000 scale) (if applicable)		
□ Authorization of Owner (if applicable)□ Dimensioned Sketch Plan (see reverse for required content)	□ Area Development, Neig□ Other Studies/Reports (i	hbourhood or Detailed Site Area Plan	(if applicable)	
Differsioned sketch har (see reverse for required content)	Other Studies/Reports (I			
I/We	make ap	plication to the District of Mackenzie to a	amend the	
(Applicant's Signature) Official Community Plan and agree to install a sign on the subject propert of the application. I further agree to allow the District of Mackenzie to enter respect to the application. I further agree to allow the agents of the District of M	onto the subject property to instal	ll a sign informing of any Public Hearing	that may take place with	
I also certify that the information contained herein is correct to the best of my	knowledge and belief. I understar	nd this application including any pla		
information. I authorize reproduction of any plans/reports for the purposes of	application processing and reporting	g.		
(Date)	(Applicant's Sig	 gnature)		
This application is made with my full knowledge and consent.				
(Date)	(Registered Owner's Signature)			
FOR	OFFICE USE ONLY			
☐ Application Form Complete	Dimensioned Site Develo	opment Plan Submitted (see reverse f	or required content)	
□ Application Fee Received□ Certificate of Title Received		(minimum of 1:1000 scale) hbourhood or Detailed Site Area Plan	Submitted (if applicable)	

Other Studies/Reports Submitted

Authorization of Owner Submitted (if applicable)

Dimensioned Sketch Plan Submitted (see reverse for required content)

Application Checklist:

The Applicant must submit the following:

- ☐ <u>Dimensioned Sketch Plan</u> drawn to a minimum scale of 1:1,000 showing the following:
 - o parcel or parcels to be amended (re-designated)
 - location (with dimensions from property lines) of existing buildings, structures and any natural features on or adjacent to the property
- ☐ <u>Dimensioned Site Development Plan</u> drawn to a minimum scale of 1:1,000 showing the following:
 - o any proposed buildings or structures
 - parking layout (with individual parking stalls clearly indicated)
 - vehicle access
 - site landscaping

General Overview of Process:

