



Central Coast
REGIONAL DISTRICT
That we may be good people together

CENTRAL COAST REGIONAL DISTRICT

BYLAW NO. 75
SCHEDULE 'A'

APPLICATION FOR REZONING

Date: _____

Application No.: _____

I / We _____

Of _____

Telephone: _____

Hereby make application under the provision of the Zoning Bylaw of the Central Coast Regional District to amend the Zoning Bylaw, and hereby describe the proposed change. If such application is for an amendment to the Official Zoning Map, describe the location of the property sought to be rezoned and include a legal description of such property as follows:

On which I / we propose the following development:



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1. Proposed Zone: _____
Present Zone: _____
Official Community Plan Designation _____
Is the property within a Development Permit area? YES _____ NO _____
2. I / We hereby attach a sketch plan which includes the following information:
 - (a) A scaled site plan or plans showing the true dimensions and shape of the property.
 - (b) The site location of proposed and existing buildings.
 - (c) The location of proposed and existing roads, access, and utility services.
 - (d) The approximate location of the buildings on adjoining properties.
 - (e) Existing and proposed grades and their relation to the elevations on adjoining properties and streets.
 - (f) The location of streams and other topographical features of the site, if any.
3. I / We hereby enclose the required non-refundable application fee of \$700.00 in accordance with Schedule 'D' of Bylaw No. 75. In addition, I / we hereby agree to pay to the Regional District upon demand all additional costs incurred by the Regional District in ensuring compliance by me / us with all lawful requirements for use and development of my / our property, made by the federal or provincial government authorities.
4. I / We hereby agree to submit further information deemed necessary for processing of this application.



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5. The registered owner of the land is:

Name: _____

Address: _____

Telephone: _____

As the owner of the lands described in the application, I / we hereby authorize
_____ to act as my / our agent in regard to this
application for rezoning.

Owner's Signature

6. The authorized agent is:

Name: _____

Address: _____

Telephone: _____

7. I / We hereby declare that all above statements and the information contained in
the material submitted in support of this application are true to the best on my /
our belief.

Signature of Owner

Signature of Agent