

Schedule G2

Application/File No. _____

Regional District of Kitimat-Stikine Application for Official Community Plan and Zoning Amendment

I/We hereby make apply for an amendment

- To the text of Official Community Plan No. _____ and/or the change in Land Use Designation,
- Amend the text of Zoning Bylaw No. _____ (fill out Proposed Text on page 2) of the following property:

1. Property Information (for property rezoning applications only):

a. Legal Description: _____

b. PID No.: _____ c. Roll / Folio No.: _____

d. Location (Street address of property, or general description) _____

2. Applicant (complete for both text amendment and rezoning applications):

Applicant's Name: _____

Address: _____ Postal Code: _____

Telephone: Business: _____ Home: _____

Applicant's Signature Date

3. Registered Property Owner (for property rezoning applications only):

Registered Property Owner's Name: _____

Address: _____ Postal Code _____

Telephone: Business: _____ Home: _____

This application is made with my full knowledge and consent.

Property Owner's Signature Date

****Where the Rezoning Applicant is NOT the REGISTERED OWNER, the application must be signed by the REGISTERED OWNER or his/her solicitor.****

Notice of Collection of Personal Information:

The information collected on this form will be used to process the application and for the purposes of administration and enforcement. The personal information is collected under the authority of the *Local Government Act* and the bylaws of the Regional District of Kitimat-Stikine. Information submitted may be made available for public inspection pursuant to the *Freedom of Information and Protection of Privacy Act*. Contact the Regional District of Kitimat-Stikine's Freedom of Information Officer if you have any questions regarding the use of this information.

4. Proof of Ownership (for property rezoning only):

A copy of a State of Title Certificate or a copy of a Certificate of Indefeasible Title, dated no more than thirty (30) days prior to submission of the application must accompany the application as proof of ownership.

Proof of Ownership received ☐

5. Application Fee:

An Application Fee of _____ as set out in the *REGIONAL DISTRICT OF KITIMAT-STIKINE DEVELOPMENT APPROVAL AND NOTIFICATION PROCEDURES BYLAW NO. 613, 2012*, shall accompany the application and be made payable to the: **Regional District of Kitimat-Stikine**.

6. Proposed Text Amendment (for text amendment applications only):

Describe text Amendment: _____

7. Subject Property Description (for property rezoning applications only):

a. Present zoning of the property: _____

b. Proposed zoning of the property: _____

c. Located in ALR: YES _____ NO _____

d. Size of Property (number of parcels and area of each): _____

e. Description of existing use / development on the property: _____

f. Description of proposed use / development (use separate sheet if necessary): _____

9. Attachments:

The following information is required before the permit may be processed:

- a. A Sketch Plan with dimensions, drawn to a scale of _____ to _____ showing, the parcel(s) to be rezoned and the location of existing buildings, structures, property access, utilities and on-site sewage disposal systems, etc.
- b. REQUIRED: YES _____ NO _____
- c. A Site Development Plan with dimensions, drawn to a scale of _____ to _____ showing, the proposed use, buildings/structures and access.
- d. REQUIRED: YES _____ NO _____
- e. A Contour Map (plan) drawn to a scale of _____ to _____ with contour intervals of _____, of the subject site.
- f. REQUIRED: YES _____ NO _____
- g. A Sketch Plan with dimensions, drawn to a scale of _____ to _____ of the proposed subdivision, where subdivision (small or large) is contemplated.
- h. REQUIRED: YES _____ NO _____
- i. Technical information or reports and other information required to assist in the preparation of a Regional District staff reports are listed below:

Specific Reports:

****IN ORDER TO BE CONSIDERED AT THE NEXT REGIONAL DISTRICT BOARD MEETING
ALL APPLICATIONS MUST BE COMPLETED IN FULL AND SUBMITTED AT LEAST 15 DAYS
PRIOR TO THE NEXT SCHEDULED BOARD MEETING.****

For Office Use Only:

Application Fee: \$ _____ Received: _____ Receipt No.: _____

Date

Signature of Official