



City of Fort St. John
 10631 – 100th Street
 Fort St. John BC V1J 3Z5
 p.250.787.8150 f.250.787.8181
 www.fortstjohn.ca

**Application For An O.C.P.
 And/Or Zoning
 Amendment**

<p>Office Use Only</p> <p>Application Fee (\$1000 + Advertising) Payment Details: Application Fee Both Amendments (\$1500 + Advertising) Payment Details:</p> <p>Receipt No.: _____ Initial: _____</p>	<div style="border: 1px solid black; padding: 10px; width: 100%;"> PAID STAMP </div>
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SECTION 1: PROPERTY OWNER/ APPLICANT INFORMATION

I/We hereby make application to amend the Official Community Plan
 amend the Zoning Bylaw.

Owner Name _____
 Please print first and last name

Owner Address _____ City _____ Prov. _____ Postal Code _____

Owner Contact Phone Number _____ Email _____

Applicant Name (if different from owner) _____

Applicant Address _____ City _____ Prov. _____ Postal Code _____

Applicant Contact Phone Number _____ Email _____

PLEASE NOTE: IF APPLICANT IS NOT AN OWNER, A LETTER OF CONSENT IS REQUIRED

SECTION 2: DESCRIPTION OF PROPERTY

AS INDICATED ON STATE OF TITLE CERTIFICATE

Civic Address _____ Parcel Identifier (PID) _____

Lot/ Parcel _____ Block _____ Plan _____ Roll No. _____

Existing Use of Subject Property _____

Existing Use of Adjacent Properties _____

Present Zoning _____

SECTION 3: AMENDMENT PROPOSED:

Amendment Proposed:

- Official Community Plan From _____ To _____
- Zoning From _____ To _____

Explain Purpose of Application (Including Intended Use)

SECTION 4: APPLICATION CHECKLIST FOR SUBMISSION

- Attached is Application Fee of \$1000.00 Plus Advertising (Both Amendments for \$1500.00 Plus Advertising)
- Attached is Current, Date-Stamped State of Title Certificate.
- Attached is Letter of Consent from the Owner. (Applies only if the Applicant is not the Owner)

PLEASE NOTE: Your application will not be considered unless the above checklist is complete.

SECTION 5: DECLARATION

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND THE INFORMATION CONTAINED IN THE MATERIAL SUBMITTED IN SUPPORT OF THIS APPLICATION ARE TO THE BEST OF MY/OUR BELIEF TRUE AND CORRECT IN ALL RESPECTS.

DATED this _____ day of _____, 20 _____.

Signature of Applicant

(Please Print Name)