

## GENERAL PLAN AMENDMENT APPLICATION

OFFICE USE ONLY	
Application No.:	Date Application Received:
GPA	
Application Received By:	

CONSULTATION WITH THE PLANNING AND DEVELOPMENT DEPARTMENT IS ENCOURAGED PRIOR TO SUBMISSION OF THIS APPLICATION. THIS APPLICATION FORM MUST BE ACCOMPANIED BY THE SUBMISSION REQUIREMENTS (REFER TO SECTION 6) IN ORDER TO BE CONSIDERED A COMPLETE APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS PROVIDED.

## 1. LOCATION

LOCATION DESCRIPTION		
Municipal Address:		
LEGAL DESCRIPTION		
Lot:	Block:	Plan:

## 2. CONTACT INFORMATION

Unless otherwise requested, all communications will be sent to Agent.

LOCATION DES	CRIPTION	MAILING ADDRESS	CONTACT
Property Owner(s	) / Lessee		Phone:
First Name	Last Name		Email:
Agent			Phone:
First Name	Last Name		Email:
Architect / Design	ner / Planner		Phone:
First Name	Last Name		Email:
Engineer			Phone:
First Name	Last Name		Email:

□ Inuktitut	□ English	☐ French
4. DESCRIPTION OF PROPERTY		
LOCATION DESCRIPTION		
General Plan Designation:		
Zoning Category:		
Lot Frontage (m):		
Lot Area (m² or ha):		
Water Supply (check one only):	☐ Piped System	☐ Trucked Services
Sewage Disposal (check one only):	☐ Piped System	☐ Trucked Services
Existing Use(s) on the Property:		
Year of Construction of Existing Building(s):		
Date of Acquisition or Lease:		
5. DESCRIPTION OF PROPOSAL		
DESCRIPTION OF PROPOSAL		
Identify the proposed amendment, including the requested	d changes to any policies, designa	ations or figures:
Identify the purpose of the proposed amendment:		
6. SUBMISSION REQUIREMENTS	Include all required plans and s	studies – electronic submission preferred.
REQUIRE	D PLANS AND STUDIES	
Supporting plan(s) (as directed by the Developme	ent Officer)	
Supporting studies or documents (as directed by		

3. PREFERRED LANGUAGE Indicate one language for official communications (ex: Notice, Permit).

## 7. SWORN DECLARATION THAT INFORMATION IS ACCURATE

	, of the City of, ents contained in the application are true and I make this to be true and knowing that it is of the same force and effect mada Evidence Act.
Sworn or Declared Before Me	
At the City of Iqaluit	
This, 20	
Commissioner for Oaths	Signature of Applicant
AUTHORIZATION OF LESSEE/O	WNER FOR AGENT TO MAKE APPLICAT
	ehalf of the lessee/owner, the following authorization must
If the application is to be signed by agent on be be completed, or the lessee/owner must submit	ehalf of the lessee/owner, the following authorization must