



APPLICATION FOR ZONING BY-LAW AMENDMENT

| OFFICE USE ONLY | |
|---|----------------------------|
| Application No.: | Date Application Received: |
| Date Application Deemed Complete: | Application Received By: |
| Fee Received: <input type="checkbox"/> YES <input type="checkbox"/> NO | Fee Amount: |

Consultation with the Planning and Lands Department at the City is encouraged prior to submission of this application. This application form must be accompanied by the submission requirements in order to be considered a complete application. Incomplete applications will not be processed until all information is provided.

TO BE COMPLETED BY APPLICANT

1. SUBMISSION REQUIREMENTS

| SUBMISSION CHECKLIST |
|--|
| <input type="checkbox"/> Required Fee; <input type="checkbox"/> A legal survey of the property (dimensions and area); <input type="checkbox"/> Reasons for the requested change, including any supporting studies; <input type="checkbox"/> A letter from the lessee or owner of the property, supporting this application, if you are <u>not</u> the lessee/owner (Section 5); <input type="checkbox"/> A mortgage approval letter, if for mortgaging purposes, approval is required from any other parties; <input type="checkbox"/> Other information as may be required by the Development Officer. |

2. LOCATION

| LOCATION DESCRIPTION | | |
|------------------------------|--------|-------|
| Municipal Address: | | |
| Closest Street Intersection: | | |
| LEGAL DESCRIPTION | | |
| Lot: | Block: | Plan: |

3. CONTACT INFORMATION

| NAME/TITLE | MAILING ADDRESS and POSTAL CODE | PHONE NO. FAX NO. E-MAIL ADDRESS |
|---|---------------------------------|--|
| Property Owner(s) / Lessee <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. _____ first name last name | | (P) - |
| | | (F) - |
| | | (E) - |
| Agent <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. _____ first name last name | | (P) - |
| | | (F) - |
| | | (E) - |
| Other <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. _____ first name last name | | (P) - |
| | | (F) - |
| | | (E) - |

NOTE: Unless otherwise requested, all communications will be sent to the Owner's or Lessee's Authorized Agent, if any.

4. DESCRIPTION OF PROPERTY AND PROPOSAL

| DESCRIPTION OF PROPERTY | |
|---|---|
| Planning Information | General Plan Designation: |
| | Zoning Category: |
| Description | Frontage (m): |
| | Depth (m): |
| | Area (m ² or ha): |
| | Property fronts on (road): |
| | Easements/Right-of-Way: |
| Type of Servicing | Water Supply (check one) <input type="checkbox"/> Piped system <u>OR</u> <input type="checkbox"/> Trucked services |
| | Sewage Disposal (check one) <input type="checkbox"/> Piped system <u>OR</u> <input type="checkbox"/> Trucked services |
| Use of Property | Existing Use(s): |
| | Length of time above uses have continued: |
| DESCRIPTION OF PROPOSAL | |
| Identify the provision/use/schedule proposed to be changed/deleted/added: | |
| Describe the purpose of the proposed amendment: | |

If the proposed amendment is related to a use, describe in detail the proposed uses on the property:

CONCURRENT APPLICATIONS

Is this property currently the subject of any of the applications listed below?:

| Yes | No | File Number: | Status: |
|--------------------------|--------------------------|--------------------------------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | General Plan Amendment | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Zoning By-law Amendment | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Development Permit Application | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Variance Request | _____ |
| <input type="checkbox"/> | Not Known | | |

5. SWORN DECLARATION THAT INFORMATION IS ACCURATE

I, _____, of the City of _____, solemnly declare that all of the above statements contained in the application are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under Oath and by virtue of *The Canada Evidence Act*.

SWORN (or declared) BEFORE ME

At the City of Iqaluit _____

This _____ day of _____ 20____.

Commissioner of Oaths

Signature of Applicant

6. AUTHORIZATION OF LESSEE/OWNER FOR AGENT TO MAKE APPLICATION

If the application is to be signed by an agent on behalf of the lessee/owner, the following authorization must be completed or the lessee/owner must submit a letter of authorization.

I, _____, am the lessee/owner of the land that is subject of this application and I authorize _____ to make this application on my behalf.

Date

Signature of lessee/owner