

## City of Chilliwack – Rezoning Application

Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Civic address of properties to which this Rezoning application pertains to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose of application: *(attach letter if more space is required)*

<b>Amendment Type:</b>	
<input type="checkbox"/>	Rezoning Only
<input type="checkbox"/>	OCP Re-designation Only
<input type="checkbox"/>	Text Amendment Only
<input type="checkbox"/>	Rezoning & OCP Re-designation
<input type="checkbox"/>	Rezoning & Text Amendment
<input type="checkbox"/>	Other (specify):

<b>Details:</b>		
<i>Please check all applicable items:</i>		
<input type="checkbox"/>	Site Profile	Qty: _____
<input type="checkbox"/>	OCP Amendment	
<input type="checkbox"/>	Text Amendment Only	
<input type="checkbox"/>	Agricultural	

Residential	Proposed Units	Property Size (Ha)	Other	Bldg Size (m <sup>2</sup> )	Site Size (m <sup>2</sup> )
<input type="checkbox"/> 1 or 2 Family Dwelling			<input type="checkbox"/> Commercial		
<input type="checkbox"/> Townhouse			<input type="checkbox"/> Industrial		
<input type="checkbox"/> Apartment			<input type="checkbox"/> Institutional		

<b>Owner:</b> <i>(If owner is not able to sign application, please provide a letter of authorization)</i>					
Name:			Signature:		
Address:				Postal Code:	
Email:		Phone:		Cell:	
				Fax:	

<b>Applicant:</b>					
Name:			Contact:		
Address:				Postal Code:	
Email:		Phone:		Cell:	
				Fax:	

*I/We have attached to this application the attachments required and hereby agree to submit further information deemed necessary for processing this application.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date: