



District of
North Cowichan
Planning Department

7030 Trans Canada Hwy, Duncan, BC
Mail to: P.O. Box 278 Duncan, BC, V9L 3X4

APPLICATION FOR:

- Subdivision Zoning Amendment
 Development Permit Official Community Plan Amendment
 Development Variance Permit

Date: _____

Folio No: _____

File No: _____

APPLICATION INFORMATION

Name of Applicant(s): _____

Applicant's Address: _____

City: _____ Postal Code: _____

Telephone: _____ Fax Number: _____

DESCRIPTION OF PROPERTY

Civic Address: _____

Legal Description of Property:(must match title)

SUBDIVISION

- Fee Simple Subdivision Section 946 (for a relative) Bare Land Strata Strata Conversion Lot line Adjustment

How many lots do you propose to create? _____

NOTE: Drawings and technical information are required for this application (5 sets) SEE ATTACHED GUIDE

OFFICIAL COMMUNITY PLAN AMENDMENT

Current Plan designation: _____

Proposed Plan designation: _____

NOTE: Drawings and technical information are required for this application (5 sets) SEE ATTACHED GUIDE

ZONING AMENDMENT

Current Zoning: _____

Proposed Zoning: _____

DEVELOPMENT VARIANCE PERMIT

Which bylaw do you want to vary?: Zoning Subdivision Sign Other _____

What is the current requirement? _____

What is the variance you are seeking? _____

NOTE: Drawings and technical information are required for this application (5 sets) SEE ATTACHED GUIDE

DEVELOPMENT PERMIT APPLICATION

Describe project: _____

What Development Permit categories will your project fall under:

- Commercial Multi Family/Care Facility Industrial Environmental Protection Adjacent to Municipal Forest
 Other (specify) _____

NOTE: Drawings and technical information are required for this application (5 sets) SEE ATTACHED GUIDE

AUTHORIZATION

I/We hereby declare that all of the above statements and information contained in the material submitted in support of this application are, to the best of my knowledge, true and correct in all respects.

Date: _____ Applicant's signature: _____

This application is made with my full knowledge.

Owner's address: _____ Telephone number: _____

Date: _____ Registered owner of subject property: _____

Where the applicant is not the REGISTERED OWNER, the application must be signed by the REGISTERED OWNER.

The District reserves the right to reject or postpone the review of an incomplete application. The above information will be only be used for the purpose for which it was obtained.