Coquitlam

# City of Coquitlam
# Zoning Bylaw Text Amendment Application

| Office Use Only | Office Use Only for Referral |
|---|---|
| File Number: _____ | ☐ Building Services |
| Fees: $_____ | ☐ Development Servicing |
| Receipt #: _____ | ☐ Environmental Services |
| Received by: _____ | ☐ Transportation Services |
| Associated files: _____ | ☐ Eng and Public Works |
| | ☐ Leisure and Parks Serv. |
| | ☐ Fire Dept. |
| | ☐ RCMP |
| | ☐ School District No. 43 |
| | ☐ Fisheries & Oceans |
| | ☐ BC Hydro |
| | ☐ FortisBC |

**Planning and Development Department**
3000 Guildford Way, Coquitlam BC V3B 7N2
Tel: 604-927-3430 Fax: 604-927-3405

*Fees are not refundable except as outlined in the Fees and Charges Bylaw and do not guarantee approval of application in any way.*

**Instructions**: If more information is required than a field allows for, please attach additional pages.

## Applicant

Business Name: _____

Contact Name: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

## Owner(s) of Property

| Owner | Address and Postal Code | Phone | Email |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## Property Description

Property Identification Number(s): _____

Property Address: _____

Legal Description:

Existing land use(s): _____

Existing zone(s): _____

Official Community Plan Designation: _____



Print Form

## Proposal

Identify the Zoning Bylaw Text to be deleted, modified or added.

Cite section, subsection and page numbers of Zoning Bylaw: _____

Describe reasons for proposed Zoning Bylaw Text Amendment (add description on supplemental sheets as necessary):

**Other applications being submitted concurrently:**

| **Type** (e.g. Development Permit, Rezoning, Subdivision) | **Application Number** (completed by staff) |
|---|---|
| | |
| | |
| | |



Print Form

Describe the proposed development project associated with this application, if any:

## Applicant Acknowledgement

By signing this application form, the applicant/owner attests that the information provided on this and supplemental application forms for land use permits from the City of Coquitlam is true and correct to the best of their knowledge. Any material falsehood or any omission of a material fact made by the applicant/owner with respect to this application may result in an issued permit becoming null and void.

I, the applicant/owner, certify that this application is being made with the full knowledge and consent of all owners of the property in question.

Applicant or Authorized Representative Signature _____ Date _____

## Authorization of Applicant

I hereby designate _____ to act as my agent in matters related to this application.

Owners Name (Printed): _____ Owners Signature: _____

Note: A letter of applicant authorization with the signatures of all owners will also be accepted.