

Box 400 · 37 Third Avenue North · Yorkton, Saskatchewan · S3N 2W3 · Phone 306-786-1700 · Fax 306-786-6880 · www.yorkton.ca

SCHEDULE D – FORMS ZONING BYLAW AMENDMENT APPLICATION

PROPERTY OWNER
Name: Company:
Mailing Address:
Phone Number: Day () Alternate ()
Fax () E-mail:
APPLICANT (IF DIFFERENT FROM OWNER)
Name: Company:
Mailing Address:
Phone Number: Day () Alternate ()
Fax () E-mail:
AFFECTED PROPERTY (WHERE APPLICABLE)
Lot(s): Block: Plan No: Other:
Civic Address:
Reasons for proposed amendment attached to application form
TERMS AND CONDITIONS:
I hereby make application for an amendment to the Zoning Bylaw under the provisions of Zoning Bylaw No. 14/2003. I understand that, in addition to what is provided on this form, I may be required to provide additional information, dependant upon the nature of the proposed amendment.
Signature of Property Owner Date
Signature of Applicant (if different from Owner) Date
For Office Use Only
Fees: \$ Image: Paid Bylaw No Application No
Date Received (Complete) Received By
Current Zoning:
1 st Reading: 2 nd Reading: 3 rd Reading:

COLLECTION AND USE OF PERSONAL INFORMATION

The personal information being collected on this form is for the purposes of processing and acting upon this application in accordance with the *Planning and Development Act, 2007*, and is protected by the privacy provisions of the *Local Authorities Freedom of Information and Protection of Privacy Act.* The City will not share your personal information for purposes outside of those stated without your permission in writing, unless there is a specific exemption stated in the *Planning and Development Act, 2007* or *Local Authorities Freedom of Information and Protection of Privacy Act.*