



**1. Identification**

<b>OWNER</b>			
<b>ADDRESS</b>			
<b>PHONE NUMBERS</b>	Home #	Work #	Cell #
If different from owner	<b>APPLICANT NAME</b>		
	<b>APPLICANT ADDRESS</b>		

**2. Property Information**

<b>LOCATION</b>			<b>PID #</b>
<b>LOT DIMENSIONS</b>		<b>AREA</b>	
<b>SETBACKS</b>	FRONT	SIDE	REAR
<b>EXISTING LAND USE</b>			

**3. Amendment(s) Being Requested**

<b>A. What type of amendment is being requested? Please check all the apply.</b>
<input type="checkbox"/> Zoning By-Law
<input type="checkbox"/> Municipal By-Law
<input type="checkbox"/> Rural Plan
<input type="checkbox"/> Other
If applicable, please complete a site plan, showing location of proposed building measurements to property lines.
Architectural renderings and other information may be required by SNBSC staff.
<b>B. Reason for Amendment Request</b>

**4. Signatures**

By signing this application, the owner/applicant hereby gives consent for SNBSC staff to visit on-site.	
Signature of Applicant	Date
Signature of Owner (if different from applicant)	

**OFFICE USE ONLY:**

Fee: \$ _____	<input type="checkbox"/> DEBIT <input type="checkbox"/> VISA <input type="checkbox"/> M/C	Received by:	Date Received:	Receipt #:
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE # _____			

Reviewed by:	Date Reviewed:
<b>Comments:</b>	