

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT

Applicant

Name of Applicant (*contact person*) _____

**If applicant is not the registered owner, an Agent Authorization form will be required.*

Mailing Address _____

Postal Code _____

Phone 1 _____ Phone 2 _____

Fax _____

Email _____

Name of Property Owner (*if different from applicant*) _____

Mailing Address _____

Email _____

Please indicate preferred method of correspondence Email Mail

Type of Application (Please check all that apply)

- Official Community Plan Amendment
- Zoning Bylaw Amendment
- Concurrent Official Community Plan / Zoning Amendment
- Land Use Contract Amendment
- Land Use Contract Discharge
- Heritage Revitalization Agreement
- Heritage Alteration Permit
- Development Permit
- Development Variance Permit
- Uplands Siting and Design
- Covenant Amendment
- Large Projects Fee (commercial / residential projects > 4 dwelling units)
- Public Hearing Fee
- Board of Variance

PLEASE NOTE:
 Application fees to be paid with complete application.

Fee Schedule can be found in the Fees and Charges Bylaw, 4845

Fees are non refundable.

The District of Oak Bay accepts cash, cheque or debit for payment of application fees.

For Office Use Only

File No. _____

Application Fee \$ _____

Property Information and Proposed Amendment

Civic Address of Property _____
 PID Number(s) _____
 Legal Description of Property* _____

Amendment Requested

For OCP / Rezoning, Indicate Text Amendment Map Amendment

For DP, Indicate Form & Character Environmental / Aquatic

Variations Requested (all measurements to be provided in metres)

- | | | |
|--------------------------------------|-----------------|------------|
| (1) Front Lot Line | from _____ | to _____ |
| (2) Rear Lot Line | from _____ | to _____ |
| (3) _____ Side Lot Line | from _____ | to _____ |
| (4) _____ Side Lot Line | from _____ | to _____ |
| (5) Total Side Lot Lines | from _____ | to _____ |
| (6) Second Storey Setback | from _____ | to _____ |
| (7) Building Height | from _____ | to _____ |
| (8) Occupiable Height | from _____ | to _____ |
| (9) Roof Height | from _____ | to _____ |
| (10) Space Between Buildings | from _____ | to _____ |
| (11) Front / Rear Yard Paved Surface | from <u>25%</u> | to _____ % |
| (12) Parking Spaces | from _____ | to _____ |
| (13) Other _____ | | |

Describe Proposed Amendment _____

Purpose of Application _____

** Legal description must match that shown on Certificate of Title*

WAIT! Before you submit, have you checked with your neighbours? The District of Oak Bay strongly encourages applicants to contact owners and residents of nearby properties about their proposal early in the process.

Signature

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

Applicant Name (please print)

Date

Applicant Signature