



District of Summerland

13211 Henry Avenue
 Box 159
 Summerland, BC
 Canada V0H 1Z0
 Phone: (250) 494-6451
 Fax: (250) 494-1415

Zoning/Official Community Plan Amendment Application

PROPERTY ADDRESS: _____ Roll # _____		
LEGAL DESCRIPTION: Lot _____; DL _____; Plan _____		
EXISTING ZONE	PROPOSED ZONE	EXISTING OCP DESIGNATION
OCP AMENDMENT <input type="checkbox"/> YES <input type="checkbox"/> NO		
EXISTING USE:		PROPOSED USE:
		PROPOSED OCP DESIGNATION

<p>PROPERTY OWNER</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Postal Code: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p>APPLICANT</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Postal Code: _____</p> <p>Phone _____ Fax: _____</p> <p>Email: _____</p>
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APPLICATION MUST INCLUDE (5 copies):

- Current Title Search (*with copies of all relevant easements, covenants, etc.*)
- Site plan showing all existing buildings and geographical features
- Drawings detailing development concept
- Description of development concept
- Application Fee

<input type="checkbox"/> \$650.00 for Zoning amendment only
<input type="checkbox"/> \$650.00 for Official Community Plan (OCP) amendment only
<input type="checkbox"/> \$750.00 for combined Zoning/OCP amendment

If the application is denied prior to the public hearing, 1/2 of the application fee is refundable

*Please note that applications and drawings may be submitted electronically in Adobe pdf format but must accurate, include all dimensions and be to scale.
 Professionally drafted plans are preferred.*

The personal information on this form is collected under the authority of the Local Government Act/Community Charter for the purposes of processing this application, and is subject to the Freedom of Information and Protection of Privacy Act. Any questions regarding this collection should be directed to the Corporate Officer, District of Summerland, Box 159, Summerland BC (250) 404-4044.

SIGNATURE OF REGISTERED OWNERS

DATE: _____ 20_____

OFFICE USE ONLY

Date received: _____

Fee Paid: _____

Received by: _____

Receipt No: _____

Comments: _____