

CITY OF **Selkirk** REZONING APPLICATION

NAME OF OWNER: _____

PHONE: _____ **EMAIL:** _____

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

PHONE: _____ **EMAIL:** _____

Owner Signature *Date*

I/We hereby certify that the information provided on this form and attachments hereto, to the best of my knowledge is a true statement of facts concerning this application.

OFFICE USE ONLY

Lot _____ **Block** _____ **Plan** _____

Sec _____ **Twp** _____ **Range** _____

River Lot _____ **Plan** _____

Zone _____

Civic Address: _____

By-Law # _____ **Existing:** _____

Part: _____

Section: _____

PLANNING ACT _____ **Proposed:** _____

Section: _____

File #: _____ **Date Received:** _____

FOR OFFICE USE ONLY

	Fee	Quantity	Total
<input type="checkbox"/> Application Fee	\$3,980.00	_____	_____
<input type="checkbox"/> Advertising Costs	\$1,150.00	_____	_____
<input type="checkbox"/> Notice Costs	\$235.00	_____	_____
<input type="checkbox"/> Revision Fee (50% of application fee)		_____	_____
Receipt #: _____		Total:	_____
Customer Code: _____			_____