

Development Application Form

The Corporation of Delta
Community Planning & Development
4500 Clarence Taylor Crescent
Delta, BC V4K 3E2
Tel: (604) 946-3380 Fax: (604) 946-4148

1. Application Type: *Please select one of the following:*

- | | |
|--|---|
| <input type="checkbox"/> Official Community Plan Amendment | <input type="checkbox"/> Single Family Residential Infill Subdivision |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Special Rezone – House Size Limits |
| <input type="checkbox"/> Zoning Bylaw Text Amendment | <input type="checkbox"/> Temporary Commercial Use Permit |
| <input type="checkbox"/> Development Permit | <input type="checkbox"/> Temporary Industrial Use Permit |
| <input type="checkbox"/> Development Variance Permit | <input type="checkbox"/> Repeat Fee Charge |
| <input type="checkbox"/> Land Use Contract Amendment | <input type="checkbox"/> Restrictive Covenant Amendment |
| <input type="checkbox"/> Liquor Licence | <input type="checkbox"/> Site Profile |
| <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Heritage Bylaw Amendment |
| <input type="checkbox"/> Subdivision | <input type="checkbox"/> Heritage Revitalization Agreement |
| <input type="checkbox"/> Strata Title Subdivision | <input type="checkbox"/> Heritage Covenant |
| | <input type="checkbox"/> Heritage Alteration Permit |

2. Applicant: _____
E-Mail: _____
Phone: _____ Fax: _____
Address: _____
Postal Code: _____

3. Property Owner: _____ Phone: _____
Address: _____

4 Subject Property: _____
Legal Description: _____
Roll Number: _____ **PID:** _____

5 Description of application: _____

6 Property Owner's Signature or
Authorized Agent's Signature _____
Name (please print): _____

Note: If an agent, registered owner's consent in writing is required. Date: _____

7 Proposal:
Present Zoning: _____ Present OCP Designation: _____
Proposed Zoning: _____ Proposed OCP Designation: _____
Present Use: _____
Proposed Use: _____

8 Attachments: In accordance with the Development Brochure, I submit the required plans and information.

For Office Use Only:

Application No: _____ Size (m2): _____
Reference No: _____ Public Hearing Fee: _____
Received By: _____ Application Fee: _____
Date Received: _____ Schedule F Section: _____

