



Part 1

tel (250) 475-5471 fax (250) 475-5430
 www.saanich.ca

An application is submitted for one or more of the following:

- | | |
|--|---|
| <input type="checkbox"/> Rezoning/Bylaw Text Amendment | <input type="checkbox"/> Environmental Development Permit |
| <input type="checkbox"/> OCP Amendment | <input type="checkbox"/> Streamside Development Permit |
| <input type="checkbox"/> Development Permit | <input type="checkbox"/> Subdivision Application |
| <input type="checkbox"/> Development Permit Amendment | <input type="checkbox"/> Fire Hazard Development Permit |
| <input type="checkbox"/> Development Variance Permit | |

Description of Property

Civic Address _____ **PID** _____

Legal Lot _____ Block _____ Section _____ Range _____ Plan _____

Contacts

Please print clearly.

Applicant

Name		Company	
Address		City	
Email		Postal Code	
Phone	Cell	Fax	

The undersigned owner/authorized agent of the owner makes an application as specified herein, and declares that the information submitted in support of the application is true and correct in all respects.

Applicant's Signature (required)	Date
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Owner

If the applicant is NOT the owner, complete "Owner's Authorization" form.

Name		Company	
Address		City	
Email		Postal Code	
Phone	Cell	Fax	

Any personal information provided in this application is collected for the purpose of administering the Local Government Act, and the bylaws of the municipality under the Local Government Act, and under the authority of those enactments. Questions about the collection of the information may be directed to the Freedom of Information Officer.

Office Use Only

	Date	File No.
Received	Received By	Project No.
Required Documents		
Required Plans	Receipt No.	Fees
		\$

Owner's Authorization

District of
Saenich

tel (250) 475-5471
fax (250) 475-5430

This form may be used in conjunction with Development Applications where the owner is authorizing an agent to submit an application and liaison with the municipality on his/her behalf.

Description of Property

Civic Address _____

Legal Lot _____ Block _____ Section _____ Range _____ Plan _____

Authorization

Authorization *The owner(s) of the above property, hereby authorize and appoint _____ as our agent for the purposes of the submitted application.* *Print Name*
All communication and correspondence regarding this application shall be directed to the applicant.

Owner(s)

Please print clearly.

Owner Name (or Company Representative with Signing Authority)		Company	
Address		City	
Phone	Fax	Postal Code	
Registered Owner Signature (or Company Representative with Signing Authority)		Date	

Owner Name (or Company Representative with Signing Authority)		Company	
Address		City	
Phone	Fax	Postal Code	
Registered Owner Signature (or Company Representative with Signing Authority)		Date	

Owner Name (or Company Representative with Signing Authority)		Company	
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