

Official Community Plan Amendment Application Form



Applicant

Name of Applicant (*Contact Person*) _____

**If the applicant is not the registered owner an Appointment of Agent form will be required.*

Company Name (*If Applicable*) _____

Company Search (*If Applicable*) _____

Phone 1 _____ Phone 2 _____

Fax _____

Email _____

Mailing Address _____

Please indicate preferred method of correspondence. Fax Email Mail

Property

Civic Address of Property _____

Legal Description of Property _____

**Must match title*

Proposed Amendment

Amendment Requested _____

Purpose _____

Signature for Official Community Plan Amendment Review

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 in all aspects.

Date

Applicant Signature (*print name below*)

Application Fees

The following fee must be paid to the City of Nanaimo at the time of application

Application Fee **\$ 500**

Public Hearing Fees

The following fee(s) must be paid to the City of Nanaimo prior to Public Hearing

Public Hearing Fee **\$ 500**

Special Public Hearing Fee **\$ 500**