

FOR OFFICE USE ONLY	
Application No. PZR-2026-	Date Received

Preliminary Zoning Review

PROPERTY LOCATION INFORMATION			
Building Number & Street Name:		Unit number	Lot/con.
APPLICANT INFORMATION			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized Agent of Owner			
Last Name:	First Name:	Corporation or partnership:	
Applicant's Address:		Unit number	Lot/con.
Municipality:		Province:	Postal code:
Telephone number: ()	E-mail:	Cell number: ()	
OWNER INFORMATION (if different from Applicant)			
Last name:	First name:	Corporation or partnership:	
Owner's Address:		Unit number	Lot/con.
Municipality:		Province:	Postal code:
Telephone number: ()	E-mail:	Cell number: ()	
APPLICATION DETAILS			
A. Purpose of Application <input type="checkbox"/> New construction <input type="checkbox"/> Addition/expansion <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Other - Specify: _____			
B. Current Use of Property: _____			
C. Proposed Use of Building: _____			
D. Description of Proposed Work: _____			
DECLARATION OF APPLICANT			
Applicant: (print name)			
I, _____, hereby declare that the statements herein are true and complete, to the best of my knowledge, and properly represent the purpose and intent of the declared use. I also declare that I have the authority to bind the corporation or partnership (if applicable), and I am acting as the owner or the owner's agent.			
_____ (Signature of Applicant)		_____ (Date of Submission)	