



FOR OFFICE USE ONLY	
Application No. PZR-2025-	Date Received

Preliminary Zoning Review

PROPERTY LOCATION INFORMATION

Building Number & Street Name:	Unit number	Lot/con.
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APPLICANT INFORMATION

Applicant is: Owner *or* Authorized Agent of Owner

Last Name:	First Name:	Corporation or partnership:
Applicant's Address:		Unit number
Municipality:		Lot/con.
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
Municipality:		Lot/con.
Province:	Postal code:	
Telephone number: ()	E-mail:	Cell number: ()

APPLICATION DETAILS

A. Purpose of Application
 New construction Addition/expansion Alteration/repair 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)