City of Revelstoke
Box 170, 216 Mackenzie Ave
Revelstoke, BC
V0E 2S0
Ph: (250) 837-3637
Fax: (250) 837-3632
development@revelstoke.ca
www.revelstoke.ca

REZONING APPLICATION

For Official Use Only

File Number: _____

Date of Application: _____

Application Accepted by: _____

Roll Number: _____

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

Location	**Civic Address:**	
Legal Description	**Lot:**	**Plan:**

Registered Owner	**Name:**		**Phone:**
	Mailing Address:		**Fax:**
	City:		**Cell Phone:**
	Postal Code:	**e-mail:**	

Applicant and/or Agent	**Name:**		**Phone:**
	Mailing Address:		**Cell Phone:**
	City:		**Fax:**
	Postal Code:	**e-mail:**	

PREFERRED METHOD OF CONTACT: ☐ Phone ☐ E-mail ☐ Mail

OCP Designation:		**Current Zoning:**		**Proposed Zoning:**	
Property Rezoning Only	**☐YES ☐NO**	**Zoning Bylaw Text Amendment Only**	**☐YES ☐NO**	**Both Rezoning and Text Amendment**	**☐YES ☐NO**

Development Description	

Application Checklist			
Appoint. of Agent (Schedule 3)	**☐YES ☐NO ☐N/A**	**Conforms to OCP**	**☐YES ☐NO ☐N/A**
Title Search (<30 days old)	**☐YES ☐NO ☐N/A**	**Conforms to Zoning Bylaw**	**☐YES ☐NO ☐N/A**
One set of plans (8.5x11 or 11x17)	**☐YES ☐NO ☐N/A**	**Conforms to Subdivision Dev. & Serv. Bylaw**	**☐YES ☐NO ☐N/A**
Plan of Existing Zoning	**☐YES ☐NO ☐N/A**	**Property Affected by ALR**	**☐YES ☐NO ☐N/A**
Plan of Proposed Zoning	**☐YES ☐NO ☐N/A**	**Property Affected by Heritage Designation**	**☐YES ☐NO ☐N/A**
Fees Included	**☐YES ☐NO ☐N/A**	**Property Affected by Environmental Issues**	**☐YES ☐NO ☐N/A**

****N/A is Not Applicable****

Applicant Name: _____ **Applicant Signature:** _____
(Owner or Agent) **(please print clearly)** **(Owner or Agent)**