

Corporation of the Village of McBride
PO Box 519, McBride BC V0J 2E0
Tel. (250) 569-2229 Fax (250) 569-3276
Office Hours: 8:30 am – 4:30 pm (Mon.-Fri.)

Zoning Application

Zoning Amendment Official Community Plan Temporary Use Permit		\$500.00		
2.				
PROPERTY OWNER'S NAME(S) (PLEASE PRINT)	AUTHORIZED A	GENT OF OWNER (PLEASE PRINT)		
ADDRESS OF OWNER	ADDRESS OF A	GENT		
CITY/ TOWN/ VILLAGE	CITY/ TOWN/ VII	LLAGE		
POSTAL CODE	POSTAL CODE	POSTAL CODE		
TELEPHONE NO. FAX NO.	TELEPHONE NO). FAX NO.		
E-MAIL ADDRESS	E-MAIL ADDRES	SS		
		APPROXIMATE AREA OF EACH LOT (hectares or acres)		
	TOTAL AREA (ha/ac)			
4. How long have you owned the parcel?				
5. Street address or location of property:				

6. Describe the existing use and buildings on the subject property:				
7. Describe the existing land use and buildings on all lots adjacent to and surrounding the subject property:a) North:				
b) East:				
c) South:				
d) West:				
Describe the proposed development of the subject property:				
9. For Temporary Industrial/ commercial Use Permit application, please provide:				
a) Number of employees				
b) Hours and days of operation				
10. Present Zoning:				
11. Official Community Plan Map Designation:				
12. Amendment Proposed:				
□ Zoning Map	From:	То:		
Zoning Text	(Attached)	l		
Official Community Plan	From:	То:		
O.C.P Text	Attached			

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13. Attached is a letter o (applies only if the app	f Consent from the Ownerlicant is not the owner)	
The following information application):	on is required. (Failure to provide any of the f	ollowing may delay the
A copy of the proof o property or properties;	f ownership)Certificate of Title or recent Tax As	sessment notice) for the subject
2. A plan of the subject p	property, accompanied by written report (if nece	essary) showing:
	laries and dimensions of the subject property: permanent buildings and structures on the subjec	ct property, with distances to
	any proposed buildings, structures or additions th	nereto, with distances to property
•	any existing or proposed access roads, driveways	s, screening and fences;
3. Additional or more det McBride upon reviewing	tailed information may be requested by the Corpyour application.	oration of the Village of
	vners elect to have someone act on their beling must be signed by all owners.	half in submission of this
I, (we)act on my behalf in res	, hereby authorize pect of this application.	to
ADDRESS OF AGENT: (PLEASE PRINT)	
TELEPHONE NO.	FAX N	NO.
E-MAIL ADDRESS		
Signature		Pate
Signature		

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DECLARATION PURSUANT TO THE WASTE MANAGEMENT ACT

(To be filled out is applying for a Zoning Amendment, Development Permit, or Development Variance Permit)

I,	d in the list of "Industrial purposes and Regulation (B.C. Reg. 375/96). I therefore
Signature	Date
I understand that this application and the information application are part of the public record and the hereby consent to the disclosure of such informations are stated below: (Please list any personal information that you do not wish included)	therefore routinely available on request. I ation to affected property owners and
I, the undersigned, hereby certify that the information application is full and complete and is, to the best understood that the information collected will be	t of my knowledge, factual and correct. It is
Signature	Date
Signature	Date