

# Lower Montague Community Council

## APPLICATION FOR REZONING

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**1. LOCATION OF THE LAND:**

HIGHWAY ROUTE NUMBER OR STREET NAME: \_\_\_\_\_

PROPERTY IDENTIFICATION NUMBER: \_\_\_\_\_

**2. ZONE CHANGE REQUESTED FROM \_\_\_\_\_**

**TO:** \_\_\_\_\_

**3. INTENDED USE OF THE PROPERTY:** \_\_\_\_\_

**4. PRESENT OWNER OF LAND:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: RESIDENCE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

**5. CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE ADDRESSED TO:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: RESIDENCE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

**APPLICANTS PLEASE REFER TO SECTION #16 OF THE ZONING & SUBDIVISION BYLAWS FOR INFORMATION ON THE REZONING PROCESS**

*For Office Use Only:*

Date Received: \_\_\_\_\_

Advertising Fee Attached: \_\_\_\_\_

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## **APPLICATION FOR REZONING**

1. A deposit of \$200.00 must also accompany the application. This deposit will be used to defray the cost of the required advertising. Any surplus funds, after advertising has been paid, will be refunded to the applicant. Any additional charges will be billed.