



CITY OF TERRACE
Land Development Application

APPLICATION FOR: (Mark appropriate box)

APPLICATION NO: _____
Office Use Only

- | | |
|--|---|
| <input type="checkbox"/> Official Community Plan & Zoning Amendment | <input type="checkbox"/> Development Permit: New <input type="checkbox"/> Amendment <input type="checkbox"/> |
| <input type="checkbox"/> Official Community Plan Amendment | <input type="checkbox"/> Development Variance Permit |
| <input type="checkbox"/> Zoning Amendment | <input type="checkbox"/> Board of Variance Permit |
| <input type="checkbox"/> Land Use Contract Amendment | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Phased/ Bareland Strata | <input type="checkbox"/> Temporary Use Permit: New <input type="checkbox"/> Renewal <input type="checkbox"/> |
| <input type="checkbox"/> Strata Title Conversion | |

APPLICANT / AGENT

Name(s) _____
Address _____
_____ PC _____
Phone _____ Cell _____
Email _____

OWNER(S) (if other than applicant)

Name(s) _____
Address _____
_____ PC _____
Phone _____ Cell _____
Email _____

SUBJECT PROPERTY

Legal Description _____

Civic Address _____
Present Use _____
Current Zoning _____ Proposed Zoning _____
Current OCP Designation _____ Proposed OCP Designation _____
Describe Proposed Land Development (Attach extra sheet, if necessary)

SIGNATURE OF APPLICANT/ AGENT

Print Name

SIGNATURE OF OWNER(S)

Print Name

Letter of Authorization Provided ☐ Yes

I/We have attached to this application the additional information as required and agree to submit further information deemed necessary for processing this application.

Date: _____ Date: _____

Personal information contained in this form is collected under the **Freedom of Information and Protection of Privacy Act**, and will be used only for the purpose for which it was collected. If you have any questions about the collection and use of this information, contact the City's Freedom of Information Coordinator at (250) 638-4721.