

TOWN OF KINDERSLEY ZONING BYLAW AMENDMENT APPLICATION

(This application is subject to Town of Kindersley Council approval)

Application No. (ZBA)		macroloy Courless approvally	
1. Applicant Information:			
Name:	E	E-mail:	
Civic Address:			Box #
Cell:	Home:	Business:	
2. Land Information:			
Civic Address:			Box #
Legal Description: Lot or Parcel	Block	Registered Plan No	
Owner (if different from applicant)	Address		
Cell:	Home:	Business:	
3. Proposed Amendment:			
Current Zoning District:			
Current Land Use Description:			
Proposed Zoning District:			
Proposed Land Use Description:			
Zoning Text Amendment:			
Bylaw Section:			
Proposed wording or amendment:			
4. Declaration of the Applicant:			
I	contained within this applic	ation are true, and I make th	is solemn declaration
Date	_ Sig	nature	
***********	FOR USE BY TOWN OFF	ICE ONLY ***********	********
ZBA APPLICATION NUMBER: (ZBA	;	APPLICATION RECEIVED DAT	E:
ZBA APPLICATION FEE: \$	_;	FEE RECEIVED DA	ATE: