

DEVELOPMENT APPLICATION FORM

YEAR _____ NO. _____ DEVELOPMENT APPLICATION TYPE _____

Freedom of Information and Protection of Privacy Act: personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act section 26(c) and will be used for the purpose of processing your development application. If you have any questions about the collection and use of this information please contact Legislative Services, Records and Information Management Coordinator at 604-921-3497, District of West Vancouver, 750 17th Street, West Vancouver, BC V7V 3T3.

This side to be completed by applicant:

This side for municipal use and outlines the required attachments to this application:

Applicant(s) name:

Date Received: _____

Applicant(s) Address:

By: _____

Owner(s) of Property:

ATTACHMENTS:

____ (1) Authorization of owner(s) of Property to proceed with application, if applicable. AUTHORIZATION OF ALL OWNERS IS REQUIRED

____ (2) Explanation of:

- a) compliance with current zoning and proposed deviation, if applicable
- b) type of development and/or land use proposed
- c) community / neighbourhood benefit and impact of proposal

Legal Description of Property:

____ (3) Full size sets of plans (3 sets)

____ (4) Reduced plans (11" x 17") (1 set)

____ (5) USB flash drive containing high definition pdfs of all required drawings and reports

PID No.:

____ (6) Fee/s paid \$ _____

Street Address of Property:

____ (7) Completed Planning Department Submission Checklist

Contact name: _____

DEVELOPMENT APPLICATIONS:

Cell: _____

____ OCP Amendment, Rezoning & DP

Office: _____

____ Rezoning & Development Permit

Res.: _____

____ Major Development Permit

Email: _____

____ Development Permit Exemption or ____ Minor DP

____ DP/Detached Secondary Suite (DP/DSS)

____ Development Variance Permit

____ Temporary Use Permit

____ Heritage Revitalization Agreement

____ Heritage Alteration Permit

____ Heritage Alteration Permit within the Lower Caulfeild Heritage Conservation Area

____ Other _____

The undersigned wish to make the above-noted application to the Planning Department and agree to pay any additional cost incurred in processing the application.

Signature of Owner/Agent (Title)

To: The Director of Planning & Development Services

I/We, _____ (the "Owner"), own:

Civic Address, P.I.D. and Legal Description (Add separate sheet if more than one property)

I/WE CONFIRM THE APPOINTMENT OF:

Name

Mailing address

Telephone number

Email address

AS MY/OUR AGENT with respect to the above described lands and my/our application(s) for:

- | | |
|--|--|
| <input type="checkbox"/> Development Permit (Major) or DP (Minor) | <input type="checkbox"/> Official Community Plan Amendment |
| <input type="checkbox"/> Development Permit/Detached Secondary Suite | <input type="checkbox"/> Rezoning (REZ) & DP |
| <input type="checkbox"/> Development Permit (Exemption) | <input type="checkbox"/> Temporary Use Permit (TUP) |
| <input type="checkbox"/> Development Variance Permit (DVP) | |
| <input type="checkbox"/> Heritage Alteration Permit (HAP) | |
| <input type="checkbox"/> Heritage Revitalization Agreement (HRA) | |

(the "Development Application").

It is understood and agreed that:

1. the District of West Vancouver shall deal solely and exclusively with my/our above-noted agent with respect to all matters pertaining to the Development Application and is under no obligation to communicate with me/us on matters pertaining to the Development Application that are specifically excluded from my/our agent's authority as noted below;
2. unless otherwise noted below, the above-noted agent has authority to make the Development Application on my/our behalf and to act on my/our behalf in relation to all matters pertaining to the Development Application; and
3. a written letter from the Owner is required to cancel this appointment.

MY AGENT **DOES NOT** HAVE AUTHORITY TO:

I/We hereby agree that all information, including personal information, contained in this document and in the Development Application may be made available to the public.

Witness	Owner/s
_____ <i>Signature</i>	_____ <i>Signature</i>
_____ <i>Print Name</i>	<i>Email:</i>
	<i>Telephone:</i>