

FORM D

NORTHERN TOWN OF LA RONGE OCP/ZONING BYLAW AMENDMENT APPLICATION

Application Number: _____

- Official Community Plan Amendment
 Future Land Use Map Amendment

- Zoning Bylaw Amendment
 Zoning Map Amendment

APPLICANT INFORMATION

- Registered Owner Representative of Owner Prospective Buyer

Name: _____ Email: _____

Phone: _____ Cell: _____

Address: _____

SITE INFORMATION

Lot: _____ Block/Parcel: _____ Plan: _____

Name of Registered Owner: _____

Existing Use of Land: _____

Proposed Use of Land: _____

Land Use Designation: _____ Zoning Designation: _____

AMENDMENT REQUEST

Section(s) to be Amended: _____ Text Amendment Map Amendment

Description of Request: _____

I agree that the Municipality may provide the information contained in and with this application to outside agencies to assist the review of the proposed amendment, and that where required the information may be made available for public review and comment.

Signature: _____

Date: _____

***ATTACH ANY REQUESTED DRAWINGS OR LETTERS, WITH APPLICATION NUMBER INDICATED, TO THE BACK OF THIS FORM**