



District of Lantzville  
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## Zoning Bylaw Amendment Application Form

### SUBJECT PROPERTY

Address:		PID:	
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### PROPERTY OWNER

As the registered owner(s) of the subject property, I(we) authorize and endorse this application, and authorize the applicant listed below to act on our behalf in all matters related to this application.

Signature:		Signature:	
Name:		Name:	

### APPLICANT

The applicant will be the single point of contact for this application.

Signature:		Phone 1:	
Name:		Phone 2:	
Date:		E-mail:	
Mailing Address:			

### ZONING

Existing Zoning:	
Proposed Zoning:	

### PROPOSAL

Briefly describe the proposal

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