

SCHEDULE "A - 1"

APPLICATION FOR DEVELOPMENT

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|---|--|
| <input type="checkbox"/> Development Permit | <input type="checkbox"/> Development Variance Permit |
| <input type="checkbox"/> Zoning Amendment | <input type="checkbox"/> Official Community Plan Amendment |
| <input type="checkbox"/> Land Use Contract | <input type="checkbox"/> Appeal to Board of Variance |
| <input type="checkbox"/> Subdivision | <input type="checkbox"/> Building/Plumbing Permit |
| <input type="checkbox"/> Access Permit | <input type="checkbox"/> Other |

<p>1. APPLICANT INFORMATION</p> <p>Applicant/Agent/Builder _____</p> <p>Address _____ Telephone _____</p> <p>_____</p> <p>Owner (if other than applicant) _____</p> <p>Address _____ Telephone _____</p> <p>_____</p>
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Written authorization from the current property owner(s) is required if an application is being made on their behalf.

I hereby authorize the above named applicant to act as my agent on this application

(Owner's Signature)

<p>2. PROPERTY INFORMATION</p> <p>Legal Description _____</p> <p>Civic Address _____</p> <p>Existing Land Use _____ Proposed Land Use _____</p> <p>Current Zoning _____ Lot Area _____ Water Source(s): _____</p> <p>Surrounding Land Uses: North _____ South _____</p> <p>East _____ West _____</p>

3. APPLICATION DETAILS

General description of proposed development (attach additional pages if necessary)

Specific description of proposed development (see application checklist) i.e. finished floor areas, value of construction, number of units, variance requests

I hereby make application for the proposed development generally described above and supported by the documentation attached to this application. I acknowledge that if the required documentation is not complete, the District of Lillooet will notify me accordingly and processing will be delayed until the information is provided to the District.

Signature of Owner/Authorized Agent

Date

FOR OFFICE USE ONLY

Date _____ *Fee* \$ _____ *Receipt No.* _____

File no. _____ *Received by:* _____ *File Cross Ref:* _____

Personal information contained on this form is collected under the *Local Government Act*. Please contact the Municipal Clerk with any questions you have regarding public access to this information.

Mail to District of Lillooet, Box 610, Lillooet, BC V0K 1V0 or fax to (250) 256-4288