



Town of Digby

File #: _____

147 First Avenue
 P.O. Box 579, Digby, NS B0V 1A0
 Telephone: (902) 245-4740 Facsimile: (902) 245-2121

Application for Amendment to the Municipal Planning Strategy

APPLICANT INFORMATION:

NAME:		
MAIL ADDRESS:	POSTAL CODE	
TELEPHONE: ()	FACSIMILE: ()	E-MAIL:

PROPERTY OWNER INFORMATION: (IF DIFFERENT FROM OWNER)

NAME:		
MAIL ADDRESS:	POSTAL CODE	
TELEPHONE: ()	FACSIMILE: ()	E-MAIL:

PROPOSED AMENDMENT:

PROPERTY PID:	CIVIC ADDRESS:	
MAP AMENDMENT []	CURRENT DESIGNATION _____	PROPOSED DESIGNATION _____
TEXT AMENDMENT []	DESCRIPTION of CHANGE REQUESTED BELOW	

DEVELOPMENT PROPOSAL INFORMATION:

PRESENT LAND & BUILDING USE:
PROPOSED LAND & BUILDING USE:
** SITE PLAN MAY BE ATTACHED AS SUPPLEMENTARY INFORMATION

I HEREBY DECLARE:

1. THAT I AM THE OWNER / AUTHORIZED AGENT OF THE OWNER NAMED IN THIS APPLICATION.
2. THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND MADE WITH FULL KNOWLEDGE OF ALL CIRCUMSTANCES ASSOCIATED WITH THIS APPLICATION.

SIGNATURE _____

DATE _____