# 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 Land Use By-law

**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 AMENDMNENT:**

| | | |
|---|---|---|
| PROPERTY PID: | CIVIC ADDRESS: | |
| MAP AMENDMENT/REZONING [ ] | CURRENT ZONING _____ | PROPOSED ZONING _____ |
| TEXT AMENDENT [ ] | DESCRIPTION of CHANGE REQUESTED BELOW | |
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**DEVELOPMENT PROPOSAL INFORMATION:**

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| PRESENT LAND & BUILDING USE: |
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| PROPOSED LAND & BUILDING USE: |
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| ** SITE PLAN MAY BE ATTACHED AS SUPPLIMENTARY 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