



CORPORATION OF THE CITY OF VERNON
 3400 – 30th Street, Vernon, B.C., V1T 5E6
 ph: 250-550-3634
 fx: 250-545-5309
 Email: dsb@vernon.ca
 www.vernon.ca

ZONING BYLAW TEXT AMENDMENT APPLICATION

DATE OF APPLICATION		CITY FILE NUMBER	
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APPLICANT INFORMATION			
APPLICANT	NAME :		PHONE :
	ADDRESS :		FAX :
	POSTAL CODE :	E-MAIL :	CELL :

REQUESTED AMENDMENT

PURPOSE FOR REQUESTED AMENDMENT

APPLICATION CHECKLIST		
APPLICATION FEE: \$500.00	Please note: A Further \$300.00 Advertising Fee and \$900.00 Processing Fee will be required once the application is approved in principle	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Applicant Name: _____ Applicant's Signature: _____
 (Please Print Clearly)

Comments	For Office Use
	RELATED FILES:
	PROSPERO NO.:
	APPLICATION FEE SUBMITTED: \$
	RECEIPT NO.: