



# APPLICATION FOR A MUNICIPAL PLAN BY-LAW, AND/OR ZONING BY-LAW OR DEVELOPMENT AGREEMENT AMENDMENT

To: Mayor & Council  
c/o Town Clerk  
Town of Quispamsis  
12 Landing Court  
Quispamsis, NB E2E 4R2

Email: [clerk@quispamsis.ca](mailto:clerk@quispamsis.ca)

<u>OFFICE USE ONLY</u>	
Date:	
Fee Received: Yes	No
Copy to Planning Dept	

**To be completed by Applicant following pre-consultation with Planning Department.**

**Select Applicable Boxes:**

- AMEND A DEVELOPMENT AGREEMENT ( SECTION 59 COMMUNITY PLANNING ACT) – Fee, \$850
- AMEND ZONING BY-LAW ONLY – Fee, \$1,500
- AMEND MUNICIPAL PLAN BY-LAW & ZONING BY-LAW – Fee \$1,800

1. Date of Pre-Consultation with Planning Staff (if one was held):

\_\_\_\_\_ (Month/Day/Year)

2. The undersigned hereby applies to the Council of the Town of Quispamsis under Section 59 of the Community Planning Act for an amendment to a Section 59 Development Agreement, or an amendment to the Municipal Plan By-law and/or Zoning By-law as described in this application:

Registered Owner(s): \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

\_\_\_\_\_ Home No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Business No. \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

3. If the application will be represented by someone other than the registered owner(s) and/or the application is prepared and submitted by someone other than the registered owner(s), please specify:

Name of Agent or Solicitor: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

\_\_\_\_\_ Home No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Business No. \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**4. Legal Description of Property:**

PIN: \_\_\_\_\_ Civic Address: \_\_\_\_\_

Subdivision Plan No. \_\_\_\_\_

Reference Plan No. \_\_\_\_\_

Other: \_\_\_\_\_

**5. Current Zoning Designation:** \_\_\_\_\_

**6. Proposed Zoning Designation:** \_\_\_\_\_

**7. Dimensions in metric units of the land to be rezoned:**

\_\_\_\_\_

Frontage:	Depth:	Area:
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**8. Describe the existing use(s) on the subject land:**

**9. Why is the amendment being requested? Provide details of the proposed change in land use development?**

**10. Are any of existing buildings proposed to be demolished or removed?**  Yes  No

a. If "Yes", identify which buildings are to be demolished or removed?

11. Identify the street name that the land to be rezoned will be accessed by?

\_\_\_\_\_

12. What types of water supply and sewage disposal are available to the land proposed for rezoning?

Municipally owned and operated water system

Municipally owned and operated sanitary sewage system

Individual Well

Individual Septic System

Other \_\_\_\_\_

13. How will storm drainage be provided?

Storm Sewers

Ditches

Swales

Other \_\_\_\_\_

14. Supporting material to be attached:

- a. If available, a survey of the property.
- b. A sketch drawn to scale showing in metric units, the following:
  - the boundaries and dimensions of the subject land;
  - the location, size and type of all existing and proposed buildings and structures, landscaping and parking areas on the subject land, indicating their distance from the front lot line, rear lot line and sidelot lines;
  - the approximate location of all natural and artificial features - (for example, buildings, railways, roads, watercourses, drainage ditches, banks of rivers or streams, wetlands, wooded areas, wells and septic tanks) that;
    - i. are located on the subject land and on land that is adjacent to it, and
    - ii. in the applicant's opinion, may affect the application.
  - the current uses of land that are adjacent to the subject land;

- the location, and name of any roads within or abutting the subject land, and;
- the location and nature of any easement affecting the subject land.

15. If there is any additional information which may be relevant to your proposal and which should be considered by any of the departments reviewing this application, please describe below or attach a schedule outlining the particular of same.

## OWNER ACKNOWLEDGEMENT AND CONSENT

I/We, \_\_\_\_\_ (please print all names), the registered owner(s) of the property described as \_\_\_\_\_

In the Town of Quispamsis, County of Kings, New Brunswick.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Owner(s)

## AUTHORIZED AGENT CONFIRMATION

I/We, \_\_\_\_\_ (please print all names), are acting on behalf of the registered owner(s) as the authorized agent of the property described as \_\_\_\_\_

In the town of Quispamsis, County of Kings, New Brunswick.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Agent(s)