

Department of Community Development - Planning Division

City of Mount Pearl 3 Centennial Street **Mount Pearl, NL** A1N 1G4

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AMENDMENT APPLICATION

CONTACT INFORMA	TION (To be completed by the	applicant):	t): (Please Print)	
Applicant:		Property Owne	r(s):	
Mailing Address:		Mailing Addres	s:	
Postal Code:		Postal Code:		
Telephone: Home:		Telephone: Ho	ome:	
Work:		Work:		
Cell:		Cell:		
Fax:		Fax:		
E-mail:		E-mail:		
AMENDMENT INFOR	MATION:			
MUNICIPAL PLAN (fee required)	AMENDMENT	DEVELOPMEI (fee required)	NT REGULATION AMENDMENT	
■ Text Amendment:	(Attach a copy of text on accompanying letter or report).	Text Amendment:	(Attach a copy of text on accompanying letter or report).	
Current Designation(s):		Current Zone(s):		
Proposed Designation(s):		Proposed Zone(s):		
Location of Subject Property: (Indicate civic number & street name).		Existing Municipal Services to Site: Water Sanitary Sewer		
■ Dimensions of Pro	pperty: y description & legal survey).	Storm S		
Frontage		 Proposed Municipal Services to Site: Water 		
Depth		Sanitary Sewer		
Lot Area		Storm Sewer		
	e existing situation or develop s, including a general explanati ets, if necessary).			
confirm that the infor complete to the best with all Municipal Re 2015 Edition and anc accordance with the	reby submit this application ar mation supplied is correct and of my knowledge. I agree to co gulations, the National Buildin illary codes, agree to build in plans approved by the City of mence building without applic	omply g Code Mount Plan Plan Plan Plan Plan	e note: required Permit Fee (see City's Schedule of es and Fees) is to accompany the application. r to formally submitting an application form, it dvisable that the applicant set up an ointment to review the application with the nning Division to ensure that all required mation has been supplied and to facilitate	

written approval and permits from the City of Mount Pearl.

NOTE: Where the Applicant and the Property Owner are not the same, the signature of the Property Owner is required before the application can be accepted for processing.

Applicant:	
Date:	
Property Owner:	

Date:

application processing.

•••• STAFF USE ONLY ••••		
Date Fee(s) Received:		
Received By:		
Receipt #:		
File #:		