



## REZONING APPLICATION

APPLICATION FEE \$1,000.00 File No. 09-4600-02- \_\_\_\_\_ Receipt No. 221666

### Applicant Information

Registered Owner(s): Lakota Holdings Inc

**Please note:** *If the applicant is other than the registered owner(s), an Agent's Authorization form is required.*

Owner's Mailing Address: 190 Carleton Drive, St Albert, AB T8N 6W2

E-mail Address: rwayken@millcreekgroup.om

Telephone: \_\_\_\_\_

### Property Information

Legal Description: Lot 1, DL 520, SDYD, PLAN EPP 32167

P.I.D.: \_\_\_\_\_

Civic Address of Property: 2680 75th AVE

### Rezoning Proposal

Current Zoning: R1 Current OCP Designation: \_\_\_\_\_ Proposed Zoning: R2

**Summary of Proposal:** The rezoning allowing the development of a single unit and two (2) duplex units across three (lots). One lot containing a single and two lots each containing a duplex housing.  
(attached plan)

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### Submission Requirements:

Please submit the following information with this application:

- 1) A legible site plan, drawn to scale, showing the following:
  - a) The boundaries and dimensions of the subject property;
  - b) The location, setbacks and dimensions of the proposed and existing buildings;
  - c) The location of off-street parking; and,
  - d) The location of roads, lanes, pedestrian access routes, screening, landscaping and fencing.
- 2) Certificate of Title.
- 3) Site Profile Form.

*Please note that upon City Council's approval of this development permit application, you must apply for and obtain a building permit before starting construction.*

### Applicant Acknowledgement

I, the undersigned, make this application to the City of Grand Forks, have fulfilled the application requirements, and understand that this application is subject to the *Freedom of Information and Protection of Privacy Act* of BC.

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Applicant's signature

Date

May 21 / 19.

Thank you for providing information about your proposal.  
If you have any questions, please contact City staff at (250) 442-8266 or [planning@grandforks.ca](mailto:planning@grandforks.ca).

THE CORPORATION OF THE CITY OF GRAND FORKS

7217-4<sup>th</sup> Street  
P.O. Box 220  
Grand Forks, B.C.  
V0H 1H0

Telephone: 250-442-8266  
Fax: 250-442-8000

DEVELOPMENT VARIANCE PERMIT APPLICATION

APPLICATION FEE \$350.00

Receipt No. 221607

Registered Owner(s): Lakota Holding Inc.

Mailing Address: 190 Carleton Drive  
St Albert, AB, T8N 6W2

Telephone: Home: \_\_\_\_\_ Work: [REDACTED]

Legal Description:  
Lot 1 DL 520, SDYD, plan EPP 32167

Street Address: 2680-75<sup>th</sup> Ave.

**DECLARATION PURSUANT TO THE WASTE MANAGEMENT ACT**

I, [REDACTED], owner of the subject property described on this application form, hereby declare that the land which is the subject of this application has not, to my knowledge been used for industrial or commercial activity as defined in the list of "Industrial Purposes and Activities" (Schedule 2) of the *Contaminated Sites Regulation* (B.C. Reg. 375/96). I therefore declare that I am not required to submit a Site Profile under Section 26.1 or any other section of the *Waste Management Act*.

 for S. H. N.  
(signature)

May 21 / 19.  
(date)

.OVER.....

Outline the provisions of the respective Bylaw(s) that you wish to vary and give your reasons for making this request:

Variance is required for the rear yard setback for the unit on proposed Lot 2 to allow the development of a second duplex that matches the current duplex unit (Lot 3)

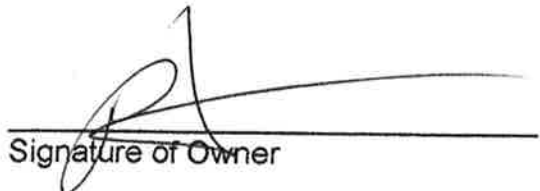
Submit the following information with the application:

1. A legible site plan showing the following:

- (a) The boundaries and dimensions of the subject property.
- (b) The location of permanent or proposed buildings and structures existing on the property.
- (c) The location of any proposed access roads, parking, screening, landscaping or fencing.
- (d) The location and nature of any physical or topographic constraints on the property (stream, ravines, marshes, steep slopes, etc.)

**Other information or more detailed information may be requested by the City of Grand Forks upon review of your application.**

The information provided is full and complete and to the best of knowledge to be a true statement of the facts, relating to this application.

  
Signature of Owner

May 22 / 19  
Date

#### AGENT'S AUTHORIZATION

I hereby authorize the person/company listed below to act on my behalf with respect to this application:

Name of Authorized Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Owner(s) Signature of Authorization