

## **OCP/ZB Text Amendment Application**

Applicant Name:  Email:  Mailing Address:  Legal Land Description - Lot: Blk/Par: Plan No.:  Quarter: Section: Township:	Phone #: Ext.:
1. Text Amendment Information  Amending Official Community Plan (OCP) or Zoning Bylaw (ZB)  OCP/ZB Section(s) to be Amended:  Description of Proposed Amendment:	
I,	
Signature:  Office Use Only  Date Received:	Date:

Fee Submitted: \_

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